

CITY COUNCIL
Special Meeting Agenda-REVISED
Liquor Violation Hearings
February 27, 2002 – 7:30 P.M.
Council Chambers – City Hall
500 West Big Beaver, Troy, Michigan 48084
(248) 524-3300

CALL TO ORDER **1**

Invocation & Pledge Of Allegiance **1**

ROLL CALL **1**

OUTLINE OF PUBLIC HEARING PROCEDURE **1**

Memorandum: Re: Liquor Hearing Procedure from City Attorney **1**

Memorandum: Re: Report on MLCC Position from City Attorney **1**

POSTPONED ITEM **2**

Ruth's Chris Steak House, 755 W Big Beaver **2**

PUBLIC HEARINGS **3**

1.0 Liquor Violations SDD/SDM: (a) Rite Aid Discount Pharmacy #4268, 3986 John R; (b) 7-Eleven, 5020 John R; (c) Rite Aid Discount Pharmacy #4305, 2971 W Maple; (d) Farmer Jack Supermarket, 2105 W. South Blvd. **3**

(a) Rite Aid Discount Pharmacy #4268, 3986 John R **4**

(b) 7-Eleven, 5020 John R Road **4**

(c) Rite Aid Discount Pharmacy #4305, 2971 W Maple **5**

NOTICE: People with disabilities needing accommodations for effective participation in this meeting should contact the City Clerk (248) 524-3316 at least two working days in advance of the meeting. An attempt will be made to make reasonable accommodations.

(d)	Farmer Jack Supermarket, 2105 W. South Blvd.	7
2.0	Liquor Violations Class C and B-Hotel: (a) Ruth's Chris Steak House, 755 W Big Beaver	8
(a)	Ruth's Chris Steak House, 755 W Big Beaver	8

LIQUOR VIOLATIONS **9**

3.0	Resolution Regarding Recently Acquired/Other SDD/SDM Licensed Establishments: (a) Bottle & Cork Wine Shop, 1660 John R; (b) Hollywood Supermarket, 2670 W. Maple	9
(a)	Bottle & Cork Wine Shop, 1660 John R	9
(b)	Hollywood Supermarket, 2670 W Maple	10
4.0	Resolution Regarding Recently Acquired/Other Class C and B-Hotel Licensed Establishments: (a) Picano's, 3775 Rochester Rd; (b) LaShish, 3720 Rochester Rd.; (c) Holiday Inn, 2537 Rochester Court; (d) Capital Grill, 2800 W Big Beaver; (e) Corradi's, 1090 Rochester Rd; (f) Wagon Wheel Saloon, 2950 Rochester Rd.	11
(a)	Picano's, 3775 Rochester Rd.	11
(b)	LaShish, 3720 Rochester Rd.	12
(c)	Holiday Inn, 2537 Rochester Court	13
(d)	Capital Grill, 2800 W Big Beaver	14
(e)	Corradi's, 1090 Rochester Rd.	15
(f)	Wagon Wheel Saloon, 2950 Rochester Rd.	16

CALL TO ORDER

Invocation & Pledge Of Allegiance

ROLL CALL

Mayor Matt Pryor
Robin Beltramini
Martin F. Howrylak
Thomas S. Kaszubski
David A. Lambert
Anthony N. Pallotta
Louise E. Schilling

OUTLINE OF PUBLIC HEARING PROCEDURE

Memorandum: Re: Liquor Hearing Procedure from City Attorney

Memorandum: Re: Report on MLCC Position from City Attorney

The City Attorney suggests the following outline of procedure for consideration of liquor violations:

1. The Mayor calls the licensee whose case is to be heard.
2. The licensee and/or his attorney should be asked to the front of the Chamber to acknowledge their presence for the record and can be seated.
3. The Assistant City Attorney makes a very short opening statement regarding the violation(s), and presents proofs.
4. When witnesses are called, they should be sworn by the City Clerk to tell the truth.
5. Once the witness is sworn, the Assistant City Attorney will question the witness.
6. The police report and other documents may be offered into evidence as part of the case and should be kept by the City Clerk as part of the records.
7. At the conclusion of the City's case, the licensee or his attorney should be asked to offer an explanation for the violations if they choose, make a statement, offer evidence, or otherwise make their presentation.
8. If the licensee offers evidence from witnesses who have not been previously sworn, the City Clerk should swear those witnesses.
9. Once the licensee has concluded his presentation, the Assistant City Attorney should be given an opportunity for rebuttal, if any is desired.
10. Public Comment

11. City Council members may ask questions at any time, but it is suggested that this questioning by Council members be conducted after the parties conclude their presentations.
12. When the presentation of evidence is concluded, the matter returns to the City Council for discussion, deliberation, and resolution.

POSTPONED ITEM

Name: Ruth's Chris Steak House
Address: 755 W Big Beaver
License No.: 8265-2000 (Class C)
18889-2000 (SDM)

Ruth's Chris Steak House, 755 W Big Beaver

Suggested Resolution

Resolution #2002-02-

Moved by Pallotta

Seconded by Kaszubski

WHEREAS, The licensee has a Class C On Premises Liquor License from the State of Michigan for a business located within the City of Troy; and

WHEREAS, The State of Michigan requires a favorable recommendation of the Troy City Council prior to granting or renewing a Class C On Premises Liquor License with the City of Troy. These recommendations are not property rights, but are approved upon the express and continuing condition that no violation of state, local, or federal laws shall occur; and

WHEREAS, The City Council of the City of Troy has reviewed the following alleged infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy, namely:

SALE TO MINOR (COMPLIANCE TEST) – MAY 3, 2001

SALE TO MINOR (COMPLIANCE TEST) – AUGUST 17, 2001

WHEREAS, In addition to the alleged violation, the City has also reviewed the past history of the licensee, and has determined that the licensee has not had any additional violations within the past four years.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that the above referenced licensed liquor establishment shall immediately require all employees who sell alcohol to attend a recognized alcohol awareness program, and forward the names of each certified employee to the Troy Police Department. Any employees of the licensee who have attended a recognized alcohol awareness program within the past year are exempt from this requirement. The alcohol awareness program must either be recognized by the Troy Police Department (i.e. TIPS, TAMS), or the program must be reviewed by the Troy Police Department to insure that the program is comparable to the recognized programs. The Troy Police Department shall be provided with the information within six months of today's date.

BE IT FURTHER RESOLVED, That the City of Troy shall continue to aggressively enforce the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy; and

BE IT FURTHER RESOLVED, That any further violations of the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy will result in more severe sanctions against the licensee, including the possibility of recommendations of revocation of the Class C liquor license.

Yes:

No:

PUBLIC HEARINGS

The following named licensees have been given notice to appear for this series of Public Hearings regarding alleged violations:

Liquor Violations SDD/SDM:

- a) Name: Rite Aid Discount Pharmacy #4268
Address: 3986 John R
License No.: 11763-2000 (SDD)
4339-2000 (SDM)
- b) Name: 7-Eleven
Address: 5020 John R
License No.: 13474-2000 (SDM)
- c) Name: Rite Aid Discount Pharmacy #4305
Address: 2971 W. Maple
License No.: 4978-2000 (SDM)
10077-2000 (SDD)
- d) Name: Farmer Jack Supermarket
Address: 2105 W. South Blvd.
License No.: 18011-2000 (SDM)

Liquor Violations Class C and B-Hotel:

- a) Name: Ruth's Chris Steak House
Address: 755 W Big Beaver
License No.: 8265-2000 (Class C)
18889-2000 (SDM)

1.0 Liquor Violations SDD/SDM: (a) Rite Aid Discount Pharmacy #4268, 3986 John R; (b) 7-Eleven, 5020 John R; (c) Rite Aid Discount Pharmacy #4305, 2971 W Maple; (d) Farmer Jack Supermarket, 2105 W. South Blvd.

(a) Rite Aid Discount Pharmacy #4268, 3986 John RSuggested Resolution

Resolution #2002-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license be revoked after Public Hearing on February 27, 2002, for the following licensed establishment:

Name:	Rite Aid Discount Pharmacy #4268
Address:	3986 John R
License No.:	11763-2000 (SDD) 4339-2000 (SDM)

and, having found violation of the following codes and/or regulations: SALE TO MINOR (Compliance Test) on APRIL 24, 2001; and

WHEREAS, This licensee has had prior violations under ownership of Paul's Wine Cellar dated October 4, 1985 – Sale to Minor; January 30, 1987 – Sale to Minor; October 17, 1990 - Sale to Minor (Compliance Test); May 23, 1991 – Sale to Minor (Compliance Test); November 4, 1992 – Sale to Minor (Compliance Test); September 27, 1995 – Sale to Minor (Compliance Test); and under ownership of Rite Aid of Michigan: December 9, 1996 – Sale to Minor (Compliance Test); October 28, 1998 – Sale to Minor (Compliance Test); October 27, 1999 – Sale to Minor (Compliance Test); and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on February 27, 2002;

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that License Numbers 11763-2000 (SDD) and 4339-2000 (SDM) in the name of Rite Aid Discount Pharmacy #4268, in the City of Troy, Michigan, be **RENEWED/NOT RENEWED** and that a certified copy of this resolution be sent to the Michigan Liquor Control Commission.

Yes:

No:

(b) 7-Eleven, 5020 John R Road

Suggested Resolution

Resolution #2002-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license be revoked after Public Hearing on February 27, 2002, for the following licensed establishment:

Name:	7-Eleven
Address:	5020 John R
License No.:	13474-2000 (SDM)

and, having found violation of the following codes and/or regulations: SALE TO MINOR (COMPLIANCE TEST) on SEPTEMBER 25, 2001; and

WHEREAS, This licensee has had prior violations dated August 14, 1982 – Sale to Minor (Compliance Test); May 27, 1988 – Sale to Minor (Compliance Test); December 10, 1988 (Compliance Test); October 26, 1989 – Sale to Minor (Compliance Test); February 22, 1991 – Sale to Minor; May 23, 1991 – Sale to Minor (Compliance Test); September 29, 1995 – Sale to Minor (Compliance Test); October 28, 1998 – Sale to Minor (Compliance Test); March 10, 2000 – Sale to Minors (FOP-DPU); and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on February 27, 2002;

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that License Number 13474-2000 (SDM) in the name of 7-Eleven, in the City of Troy, Michigan, be **RENEWED/NOT RENEWED** and that a certified copy of this resolution be sent to the Michigan Liquor Control Commission.

Yes:

No:

(c) Rite Aid Discount Pharmacy #4305, 2971 W MapleSuggested Resolution

Resolution #2002-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license be revoked after Public Hearing on February 27, 2002, for the following licensed establishment:

Name:	Rite Aid Discount Pharmacy #4305
Address:	2971 W. Maple
License No.:	4978-2000 (SDM)
	10077-2000 (SDD)

and, having found violation of the following codes and/or regulations: SALE TO MINOR (COMPLIANCE TEST) on SEPTEMBER 25, 2001; and

WHEREAS, This licensee has had prior violations dated August 22, 1981 – Sale to Minor; August 22, 1981 – Sale to Minor; March 3, 1989 – Sale to Minor (Controlled Buy); October 26, 1989 - Sale to Minor (Compliance Test); August 2, 1991 - Sale to Minor; October 4, 1991 – Sale to Minor; February 6, 1992 – Sale to Minor (Compliance Test); June 25, 1992 – Sale to Minor; October 27, 1999 – Sale to Minor (Compliance Test); and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on February 27, 2002;

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that License Numbers 10077-2000 (SDD) and 4978-2000 (SDM) in the name of Rite Aid Discount Pharmacy, in the City of Troy, Michigan, be **RENEWED/NOT RENEWED** and that a certified copy of this resolution be sent to the Michigan Liquor Control Commission.

Yes:

No:

(d) Farmer Jack Supermarket, 2105 W. South Blvd.Suggested Resolution

Resolution #2002-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license be revoked after Public Hearing on February 27, 2002, for the following licensed establishment:

Name:	Farmer Jack Supermarket
Address:	2105 W. South Blvd.
License No.:	18011-2000 (SDM)

and, having found violation of the following codes and/or regulations: SALE TO MINOR (COMPLIANCE TEST) on APRIL 24, 2001; and

WHEREAS, This licensee has had prior violations dated October 24, 2000 - Sale to Minor (Compliance Test); and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on February 27, 2002;

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that License Number 18011-2000 (SDM) in the name of Farmer Jack Supermarket, in the City of Troy, Michigan, be **RENEWED/NOT RENEWED** and that a certified copy of this resolution be sent to the Michigan Liquor Control Commission.

Yes:

No:

2.0 Liquor Violations Class C and B-Hotel: (a) Ruth's Chris Steak House, 755 W Big Beaver

(a) Ruth's Chris Steak House, 755 W Big Beaver

Suggested Resolution

Resolution #2002-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license be revoked after Public Hearing on February 27, 2002, for the following licensed establishment:

Name:	Ruth's Chris Steak House
Address:	755 W Big Beaver
License No.:	8265-2000 (Class C) 18889-2000 (SDM)

and, having found violation of the following codes and/or regulations: SALE TO MINOR (COMPLIANCE TEST) on MAY 3, 2001 and SALE TO MINOR (COMPLIANCE TEST) on AUGUST 17, 2001; and

WHEREAS, This licensee has had no prior violations; and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on February 27, 2002;

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is recommended to the Michigan Liquor Control Commission that License Number 8265-2000 (Class C) and 18889-2000 (SDM) in the name of Ruth's Chris Steak House, in the City of Troy, Michigan, be **RENEWED/NOT RENEWED** and that a certified copy of this resolution be sent to the Michigan Liquor Control Commission.

Yes:

No:

LIQUOR VIOLATIONS

**3.0 Resolution Regarding Recently Acquired/Other SDD/SDM Licensed Establishments:
(a) Bottle & Cork Wine Shop, 1660 John R; (b) Hollywood Supermarket, 2670 W. Maple****(a) Bottle & Cork Wine Shop, 1660 John R**Suggested Resolution

Resolution #2002-02-

Moved by

Seconded by

WHEREAS, The licensee has a Specially Designated Distributor/Specially Designated Merchant (SDD/SDM) Liquor License from the State of Michigan for an establishment located within the City of Troy; and

WHEREAS, The City of Troy is vested with the authority to make recommendations of revocation of a SDD/SDM Liquor License, to the State of Michigan Liquor Control Commission, when an establishment within the City repeatedly violates state, local, or federal laws: and

WHEREAS, The City Council of the City of Troy has reviewed the following alleged infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy, namely:

SALE TO MINOR (COMPLIANCE TEST) – SEPTEMBER 25, 2001
SALE TO MINOR (MLCC OPERATION) – NOVEMBER 15, 2001

WHEREAS, In addition to the alleged violation, the City has also reviewed the past history of the licensee, and has determined that the licensee is in the first year of ownership and/or control, and has not received any other citations.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that the above referenced licensed liquor establishment shall immediately require all employees who sell alcohol to attend a recognized alcohol awareness program, and forward the names of each certified employee to the Troy Police Department. Any employees of the licensee who have attended a recognized alcohol awareness program within the past year are exempt from this requirement. The alcohol awareness program must either be recognized by the Troy Police Department (i.e. TIPS, TAMS), or the program must be reviewed by the Troy Police Department to insure that the program is comparable to the recognized programs. The Troy Police Department shall be provided with the information within six months of today's date.

BE IT FURTHER RESOLVED, That the City of Troy shall continue to aggressively enforce the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy; and

BE IT FURTHER RESOLVED, That any further violations of the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy will result in more

severe sanctions against the licensee, including the possibility of recommendations of revocation of the SDD/SDM liquor license.

Yes:

No:

(b) Hollywood Supermarket, 2670 W Maple

Suggested Resolution

Resolution #2002-02-

Moved by

Seconded by

WHEREAS, The licensee has a Specially Designated Distributor/Specially Designated Merchant (SDD/SDM) Liquor License from the State of Michigan for an establishment located within the City of Troy; and

WHEREAS, The City of Troy is vested with the authority to make recommendations of revocation of a SDD/SDM Liquor License, to the State of Michigan Liquor Control Commission, when an establishment within the City repeatedly violates state, local, or federal laws: and

WHEREAS, The City Council of the City of Troy has reviewed the following alleged infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy, namely:

SALE TO MINOR (COMPLIANCE TEST) – SEPTEMBER 25, 2001

WHEREAS, In addition to the alleged violation, the City has also reviewed the past history of the licensee, and has determined that the licensee is in the first year of ownership and/or control, and has not received any other citations.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that the above referenced licensed liquor establishment shall immediately require all employees who sell alcohol to attend a recognized alcohol awareness program, and forward the names of each certified employee to the Troy Police Department. Any employees of the licensee who have attended a recognized alcohol awareness program within the past year are exempt from this requirement. The alcohol awareness program must either be recognized by the Troy Police Department (i.e. TIPS, TAMS), or the program must be reviewed by the Troy Police Department to insure that the program is comparable to the recognized programs. The Troy Police Department shall be provided with the information within six months of today's date.

BE IT FURTHER RESOLVED, That the City of Troy shall continue to aggressively enforce the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy; and

BE IT FURTHER RESOLVED, That any further violations of the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy will result in more severe sanctions against the licensee, including the possibility of recommendations of revocation of the SDD/SDM liquor license.

Yes:

No:

-
- 4.0 Resolution Regarding Recently Acquired/Other Class C and B-Hotel Licensed Establishments: (a) Picano's, 3775 Rochester Rd; (b) LaShish, 3720 Rochester Rd.; (c) Holiday Inn, 2537 Rochester Court; (d) Capital Grill, 2800 W Big Beaver; (e) Corradi's, 1090 Rochester Rd; (f) Wagon Wheel Saloon, 2950 Rochester Rd.**
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(a) Picano's, 3775 Rochester Rd.

Suggested Resolution

Resolution #2002-02-

Moved by

Seconded by

WHEREAS, The licensee has a Class C On Premises Liquor License from the State of Michigan for a business located within the City of Troy; and

WHEREAS, the State of Michigan requires a favorable recommendation of the Troy City Council prior to granting or renewing a Class C On Premises Liquor License with the City of Troy. These recommendations are not property rights, but are approved upon the express and continuing condition that no violation of state, local, or federal laws shall occur; and

WHEREAS, The City Council of the City of Troy has reviewed the following alleged infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy, namely:

SALE TO MINOR (COMPLIANCE TEST) – MAY 3, 2001

WHEREAS, In addition to the alleged violation, the City has also reviewed the past history of the licensee, and has determined that the licensee has not had any additional violations within the past four years.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that the above referenced licensed liquor establishment shall immediately require all employees who sell alcohol to attend a recognized alcohol awareness program, and forward the names of each certified employee to the Troy Police Department. Any employees of the licensee who have attended a recognized alcohol awareness program within the past year are exempt from this requirement. The alcohol awareness program must either be recognized by the Troy Police Department (i.e. TIPS, TAMS), or the program must be reviewed by the Troy Police Department to insure that the program is comparable to the recognized programs. The Troy Police Department shall be provided with the information within six months of today's date.

BE IT FURTHER RESOLVED, That the City of Troy shall continue to aggressively enforce the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy; and

BE IT FURTHER RESOLVED, That any further violations of the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy will result in more severe sanctions against the licensee, including the possibility of recommendations of revocation of the Class C liquor license.

Yes:

No:

(b) LaShish, 3720 Rochester Rd.

Suggested Resolution

Resolution #2002-02-

Moved by

Seconded by

WHEREAS, The licensee has a Class C On Premises Liquor License from the State of Michigan for a business located within the City of Troy; and

WHEREAS, the State of Michigan requires a favorable recommendation of the Troy City Council prior to granting or renewing a Class C On Premises Liquor License with the City of Troy. These recommendations are not property rights, but are approved upon the express and continuing condition that no violation of state, local, or federal laws shall occur; and

WHEREAS, The City Council of the City of Troy has reviewed the following alleged infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy, namely:

SALE TO MINOR (COMPLIANCE TEST) – AUGUST 16, 2001

WHEREAS, In addition to the alleged violation, the City has also reviewed the past history of the licensee, and has determined that the licensee has not had any additional violations within the past four years.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that the above referenced licensed liquor establishment shall immediately require all employees who sell alcohol to attend a recognized alcohol awareness program, and forward the names of each certified employee to the Troy Police Department. Any employees of the licensee who have attended a recognized alcohol awareness program within the past year are exempt from this requirement. The alcohol awareness program must either be recognized by the Troy Police Department (i.e. TIPS, TAMS), or the program must be reviewed by the Troy Police Department to insure that the program is comparable to the recognized programs. The Troy Police Department shall be provided with the information within six months of today's date.

BE IT FURTHER RESOLVED, That the City of Troy shall continue to aggressively enforce the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy; and

BE IT FURTHER RESOLVED, That any further violations of the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy will result in more severe sanctions against the licensee, including the possibility of recommendations of revocation of the Class C liquor license.

Yes:

No:

(c) Holiday Inn, 2537 Rochester Court

Suggested Resolution

Resolution #2002-02-

Moved by

Seconded by

WHEREAS, The licensee has a Class C On Premises Liquor License from the State of Michigan for a business located within the City of Troy; and

WHEREAS, the State of Michigan requires a favorable recommendation of the Troy City Council prior to granting or renewing a Class C On Premises Liquor License with the City of Troy. These recommendations are not property rights, but are approved upon the express and continuing condition that no violation of state, local, or federal laws shall occur; and

WHEREAS, The City Council of the City of Troy has reviewed the following alleged infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy, namely:

SALE TO MINOR (COMPLIANCE TEST) – AUGUST 16, 2001

WHEREAS, In addition to the alleged violation, the City has also reviewed the past history of the licensee, and has determined that the licensee has not had any additional violations within the past four years.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that the above referenced licensed liquor establishment shall immediately require all employees who sell alcohol to attend a recognized alcohol awareness program, and forward the names of each certified employee to the Troy Police Department. Any employees of the licensee who have attended a recognized alcohol awareness program within the past year are exempt from this requirement. The alcohol awareness program must either be recognized by the Troy Police Department (i.e. TIPS, TAMS), or the program must be reviewed by the Troy Police Department to insure that the program is comparable to the recognized programs. The Troy Police Department shall be provided with the information within six months of today's date.

BE IT FURTHER RESOLVED, That the City of Troy shall continue to aggressively enforce the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy; and

BE IT FURTHER RESOLVED, That any further violations of the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy will result in more

severe sanctions against the licensee, including the possibility of recommendations of revocation of the Class C liquor license.

Yes:

No:

(d) Capital Grill, 2800 W Big Beaver

Suggested Resolution

Resolution #2002-02-

Moved by

Seconded by

WHEREAS, The licensee has a Class C On Premises Liquor License from the State of Michigan for a business located within the City of Troy; and

WHEREAS, the State of Michigan requires a favorable recommendation of the Troy City Council prior to granting or renewing a Class C On Premises Liquor License with the City of Troy. These recommendations are not property rights, but are approved upon the express and continuing condition that no violation of state, local, or federal laws shall occur; and

WHEREAS, The City Council of the City of Troy has reviewed the following alleged infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy, namely:

SALE TO MINOR (COMPLIANCE TEST) – AUGUST 17, 2001

WHEREAS, In addition to the alleged violation, the City has also reviewed the past history of the licensee, and has determined that the licensee has not had any additional violations within the past four years.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that the above referenced licensed liquor establishment shall immediately require all employees who sell alcohol to attend a recognized alcohol awareness program, and forward the names of each certified employee to the Troy Police Department. Any employees of the licensee who have attended a recognized alcohol awareness program within the past year are exempt from this requirement. The alcohol awareness program must either be recognized by the Troy Police Department (i.e. TIPS, TAMS), or the program must be reviewed by the Troy Police Department to insure that the program is comparable to the recognized programs. The Troy Police Department shall be provided with the information within six months of today's date.

BE IT FURTHER RESOLVED, That the City of Troy shall continue to aggressively enforce the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy; and

BE IT FURTHER RESOLVED, That any further violations of the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy will result in more severe sanctions against the licensee, including the possibility of recommendations of revocation of the Class C liquor license.

Yes:

No:

(e) Corradi's, 1090 Rochester Rd.

Suggested Resolution

Resolution #2002-02-

Moved by

Seconded by

WHEREAS, The licensee has a Class C On Premises Liquor License from the State of Michigan for a business located within the City of Troy; and

WHEREAS, the State of Michigan requires a favorable recommendation of the Troy City Council prior to granting or renewing a Class C On Premises Liquor License with the City of Troy. These recommendations are not property rights, but are approved upon the express and continuing condition that no violation of state, local, or federal laws shall occur; and

WHEREAS, The City Council of the City of Troy has reviewed the following alleged infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy, namely:

SALE TO MINOR (COMPLIANCE TEST) – SEPTEMBER 27, 2001

WHEREAS, In addition to the alleged violation, the City has also reviewed the past history of the licensee, and has determined that the licensee has not had any additional violations within the past four years.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that the above referenced licensed liquor establishment shall immediately require all employees who sell alcohol to attend a recognized alcohol awareness program, and forward the names of each certified employee to the Troy Police Department. Any employees of the licensee who have attended a recognized alcohol awareness program within the past year are exempt from this requirement. The alcohol awareness program must either be recognized by the Troy Police Department (i.e. TIPS, TAMS), or the program must be reviewed by the Troy Police Department to insure that the program is comparable to the recognized programs. The Troy Police Department shall be provided with the information within six months of today's date.

BE IT FURTHER RESOLVED, That the City of Troy shall continue to aggressively enforce the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy; and

BE IT FURTHER RESOLVED, That any further violations of the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy will result in more severe sanctions against the licensee, including the possibility of recommendations of revocation of the Class C liquor license.

Yes:

No:

(f) Wagon Wheel Saloon, 2950 Rochester Rd.

Suggested Resolution

Resolution #2002-02-

Moved by

Seconded by

WHEREAS, The licensee has a Class C On Premises Liquor License from the State of Michigan for a business located within the City of Troy; and

WHEREAS, the State of Michigan requires a favorable recommendation of the Troy City Council prior to granting or renewing a Class C On Premises Liquor License with the City of Troy. These recommendations are not property rights, but are approved upon the express and continuing condition that no violation of state, local, or federal laws shall occur; and

WHEREAS, The City Council of the City of Troy has reviewed the following alleged infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy, namely:

SALE TO MINOR (COMPLIANCE TEST) – OCTOBER 2, 2001

WHEREAS, In addition to the alleged violation, the City has also reviewed the past history of the licensee, and has determined that the licensee has not had any additional violations within the past four years.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that the above referenced licensed liquor establishment shall immediately require all employees who sell alcohol to attend a recognized alcohol awareness program, and forward the names of each certified employee to the Troy Police Department. Any employees of the licensee who have attended a recognized alcohol awareness program within the past year are exempt from this requirement. The alcohol awareness program must either be recognized by the Troy Police Department (i.e. TIPS, TAMS), or the program must be reviewed by the Troy Police Department to insure that the program is comparable to the recognized programs. The Troy Police Department shall be provided with the information within six months of today's date.

BE IT FURTHER RESOLVED, That the City of Troy shall continue to aggressively enforce the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy; and

BE IT FURTHER RESOLVED, That any further violations of the liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy will result in more severe sanctions against the licensee, including the possibility of recommendations of revocation of the Class C liquor license.

Yes:

No:



February 26, 2002

TO: MAYOR AND MEMBERS OF COUNCIL

FROM: LORI GRIGG BLUHM, CITY ATTORNEY

RE: LIQUOR HEARING PROCEDURE

Please note that Ruth Chris Steak House appears twice on the revised agenda for the February 27, 2002 Special City Council meeting. The item first appears as a postponed item. This is procedurally necessary, since the administration's proposed resolution is still on the table (essentially requiring TIPS/TAMS). If Council desires to act on this resolution, it can be accomplished at the beginning of the meeting, under the postponed items section. However, Council could also withdraw the proposed administrative resolution in the postponed section of the meeting, and hold a public hearing for Ruth Christ Steak House after the SDD/SDM public hearings. An official notice of public hearing was hand delivered to Ruth Chris Steak House to provide City Council with this option.

Also enclosed please find documentation to supplement the February 27, 2002 Special City Council Meeting Agenda. Unfortunately, this information was inadvertently omitted from the original agenda packet. As you are aware, public hearings were scheduled only for those liquor licensees with two or more liquor violations within the past four years and/or licensees with a liquor violation within their first year of operation. Public hearings were not scheduled for the remaining licensees that had liquor violations within the past year.

Proposed resolutions requiring TIPS and/or TAMS training have been proposed for your consideration for these licensees that have not had two or more violations within the past four years. However, Council could always choose to hold public hearings for these licensees any time prior to March 31 (the MLCC deadline).

If you have any questions concerning the above, please let me know.



February 26, 2002

TO: MAYOR AND MEMBERS OF COUNCIL

FROM: LORI GRIGG BLUHM, CITY ATTORNEY

RE: REPORT ON MLCC POSITION

In response to your questions of last night, I called Julie Wendt's office of the Michigan Liquor Control Commission's (MLCC) licensing division. Although there was a spirited discussion regarding the power of municipalities in regulating Class C licensed establishments, the MLCC made it very clear that they objected to the procedure followed by Troy in the Champps matter last year.

The MLCC finally acknowledged that they would be required to act on the Troy City Council's resolution for non-renewal of a liquor license. They also acknowledged that the City of Troy also has the right to resolve to rescind the earlier objection to renewal of the Class C liquor license. There was some disagreement about whether the resolution to rescind the objection to renewal could be passed prior to the May 1 new license year. Unfortunately, the law does not provide any detailed clarification for this disagreement.

It is the position of the MLCC that the resolution to rescind the objection to renewal would need to be made by the Troy Council after the start of the new license year (May 1). It is also the position of the MLCC that Troy could not obtain a license until after this paperwork was processed by the MLCC, which could only be completed on a business day. The MLCC was not willing to allow any flexibility in this process.

As mentioned at the February 25, 2002 special meeting, the Liquor Committee has requested a joint study session with City Council. At that time, potential legislative and/or policy amendments can be discussed.

If you have any questions concerning the above, please let me know.

Rite Aid Discount Pharmacy #4268
Rite Aid of Michigan, Inc.
3986 John R
Troy MI 48083
SDD 11763-2000 & SDM 4339-2000
Sale to Minor

LCC

Liquor Licensee History

Business name: **Rite Aid Discount Pharmacy #4268**

Address: 3986 John R

Licensee: Rite Aid of Michigan

License type: **SDD (11763-2000) SDM (4339-2000)**

Permits: Sunday Sales

Comments: Scott Reusze, Mgr. (5/99)

Date	Troy Incident #	Type	Disposition	Date
8/20/84		Council approved transfer of license to Paul Gabbara		
6/17/85		Council approved transfer of license to new building		
10/4/85	85-29395	Sale to minor	Dismissed	5/2/86
1/30/87	87-3181	Sale to minor	Dismissed	7/10/87
10/17/90	90-32241	Sale to minor (compliance test)	Fined \$200	10/21/91
5/23/91	91-14211	Sale to minor (compliance test)	Fined \$400	10/21/91
8/1/91		Request to transfer license to Sam Kilano	Withdrawn	3/20/92
11/4/92	92-33960	Sale to minor (compliance test)	Fined \$1000 & 3 day suspension	3/19/93
9/27/95	95-35601	Sale to minor (Compliance Insp)	Fined \$1000 & 3 day suspension	1/1/96
1/11/96		Request to transfer license to Rite Aid		
3/18/96	95-35601	Council hearing: No action, "Paul's Wine Cellar" closed, transfer to Rite Aid in process		
*****UNDER OWNERSHIP OF RITE AID OF MICHIGAN*****				
08/19/96		Council approves transfer to Rite Aid of Michigan		
12/9/96	96-45544	Sale to Minor (Compliance Insp.)	Fined \$400.	3/6/97
3/17/97	96-45544	Council hearing: Employee's not TIPS or TAM trained in last 90 days to be trained.		

10/28/98	98-43638	Sale to Minor (Compliance Insp.)	\$600	3/19/99
02/25/99	99-07624	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/08/99	99-08960	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/22/99		City Council recommends MLCC suspend license for 3 weeks and that all employees be TIPS/TAM trained BEFORE serving and proof be provided the Police Dept of same.		
05/??/99		Scott Reusze replaces Paul Gabarra as manager per Rite Aid Legal		
05/18/99	99-18438	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/22/99	99-23604	Compliance Test - PASSED		
08/11/99		Reminder letter sent for proof, deadline 09/01/99 Proof received 08/30/99		
10/27/99	99-41269	Sale to Minor (Compliance Test)	\$700	03/24/00
12/04/99	99-46310	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/25/00	none	Compliance Test	PASSED	
11/15/00	00-42336	Compliance Test	PASSED	
04/24/01	01-14106	Sale to Minor (Compliance Test)	DISMISSED Student Aide FTA	
08/14/01	01-29118	Compliance Test	PASSED	
09/25/01	01-34502	Compliance Test	PASSED	
10/17/01	01-37394	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
01/02/02	02-00112	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

**RITE AID PHARMACY
3986 JOHN R RD**

2001 INCIDENT HISTORY

Complaint Number	Report Date	Description
01-00494	01/05/01	Private Property Accident
01-06617	02/24/01	Private Property Accident
01-13643	04/21/01	Suspicious Persons
01-14106	04/24/01	LCC Violation
01-15305	05/03/01	Retail Fraud III
01-27479	08/02/01	Hit & Run Property Damage Accident
01-32689	09/11/01	Suspicious Persons
01-35584	10/04/01	Suspicious Vehicle
01-40664	11/10/01	Malicious Destruction of Property
01-43097	12/01/01	Suspicious Circumstances



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

*** Officers Please Obtain This Information From The License ***

License No. 11763-2000 SS Business ID 9794 File # _____

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee Rite Aid of Michigan, Inc. 2. Doing Business As Rite Aid

3. Mailing Address (street, city, zip code) 3986 John R

4. Township Troy 5. County Oakland

6. Type of License(s) & Permit(s) SDD SDM Sunday Sales

7. Date of Violation: Tuesday April 24, 2001 8:05 AM or PM
(DAY) (DATE) (HOUR)

8. Violation Type: X Minor
_____ Intoxicated Person _____ After hours sales/consumption _____ Gambling
_____ Fighting (must be inside licensed premises) _____ Controlled Substances
_____ Failure to Cooperate _____ Prohibited Conduct OTHER: _____

if MINOR: Birth date 04/21/82 Was this a DECOY? Yes No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 01-14106

Officer Signature Russell Bragg Name and Title (print) Officer Russell Bragg

Officer Signature Robert Wolfe Name and Title (print) Officer Robert Wolfe

Department Name Troy Police Department Phone # (248) 524-3477

WITNESSES

1. Name Hanna Hejaij Address 2346 Michael Dr., Sterling Hts., MI, 48310

Will testify to: selling alcohol to a minor.

2. Name Willie Copeland Address 3986 John R, Troy, MI, 48089

Will testify to: manager of store.

3. Name Matthew Arnold Address c/o 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: purchasing alcoholic beverage from Hejaij while under the age of 21.

4. Name Officer Russ Bragg Address 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: sale of alcohol to a minor.

5. Name Officer Robert Wolfe Address 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: sale of alcohol to a minor.

EVIDENCE

Location Held: Troy Police Dept. Property Room, tag #112819

1 bottle of Beringer White Zinfandel wine

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48084-5285
ORI # MI6378400

INCIDENT REPORT

SUPP ☐

PAGE 1 OF 3

01	DATE 04/24/01	DAY TUE	SHIFT 09	PLATOON 99	BADGE 1 105	BADGE 2 06	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01	INCIDENT NUMBER 14106	
	RECEIVED 2010	DISPATCHED —	ARRIVED —	COMPLETED 2030	DATE(S) OCCURRED 04/24/01	TIMES(S) OCCURRED 2010	ASSIGNED HOUR / DAY 20 TUE				
03	LOCATION 1 / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 3986 JOHN R						LOCATION 2 (INTERSECTING STREET)				
04	CITY TROY	STATE MI	ZIP 48089	CODE L	BUSINESS NAME RITE AID			BUSINESS PHONE			
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION				ESTAB CODE 0210	ORIGIN <input checked="" type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> #11 <input checked="" type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MOT	HOW ACTIVATED <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MOT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL 05	GEOGRAPHIC		
06	NATURE OF OFFENSE #1 FURNISHING ALCOHOL TO MINOR				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input checked="" type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY
07	NATURE OF OFFENSE #2				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY
08	NATURE OF OFFENSE #3				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY
09	NATURE OF OFFENSE #4				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY

ACTIVITY TYPES (Maximum 3 Per Offense)
B BUYING / RECEIVING
C CULTIVATING / MANUFACTURING / PUBLISHING
D DISTRIBUTING / SELLING
E EXPLOITING CHILDREN
O OPERATING / PROMOTING / ASSISTING
P POSSESSING / CONCEALING
T TRANSPORTING / TRANSMITTING / IMPORTING
U USING / CONSUMING

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE

V 10	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) MATTHEW ARNOLD	RAC WM	SEX M	DOB 04/21/82	AGE 19
I 11	ADDRESS 500	(DIRECTION, STREET, SUFFIX, QUALIFIER) W. BIG BEAVER	CITY TROY	STATE MI	ZIP 48098		
G 12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. STUDENT ENFORCEMENT AIDE		

T 13	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04	VICTIM TYPE I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL		
I 15	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY 01 SPOUSE 05 CHILD 09 STEPPARENT 2 CL SPOUSE 06 GRANDPARENT 10 STEPCCHILD 03 PARENT 07 GRANDCHILD 11 STEPSIBLING 04 SIBLING 08 IN-LAW 12 OTHER FAMILY				OUTSIDE FAMILY, BUT KNOWN 20 ACQUAINTANCE 24 BOY / GIRL FRIEND 28 EMPLOYEE 21 FRIEND 25 CHILD OF "BG" ABOVE 29 EMPLOYER 22 NEIGHBOR 26 HOMOSEXUAL REL. 30 OTHERWISE KNOWN 23 BABYSITEE (baby) 27 EX-SPOUSE 31 VICTIM WAS OFFENDER				NOT KNOWN 98 STRANGER 99 UNKNOWN REL / OFF #	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES

16	CODE 54	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) HEJAIS HANNAH	RAC WM	SEX F	DOB 09/28/82	AGE 18	
A 17	ADDRESS 2346	(DIRECTION, STREET, SUFFIX, QUALIFIER) MICHAEL DR.	CITY STERLING HTS	STATE MI	ZIP 48310			
R 18	HOME PHONE 810-268-8318	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
R 19	STATE MI	DRIVER'S LICENSE # H220298014749	SOC. SEC. #	SID #	FBI #			

E 20	PERSON COMMENTS / CLOTHING				SUMMONS / CITATION NUMBER(S) 624951					
S 21	ARREST / SUMMONS DESCRIPTION FURN. ALCOHOL TO MINOR		ARREST CHARGE 1	ARREST DATE 04/24/01	PLATOON 99	BADGE 1 105	BADGE 2 06	FM MI	DIS	DEPARTMENT ARREST NUMBER
T 22	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
23	ARREST TYPE <input checked="" type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR <input type="checkbox"/> MULTIPLE COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MIDT <input type="checkbox"/> TEL	DISP <input type="checkbox"/> PER

CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED											
24	CODES E	DESCRIPTION W/ RECEIPT 1 BOTTLE OF WINE	PROPERTY TYPE	QUANTITY 1	YEAR	MAKE BERINGER	MODEL WHITE ZINFANDEL				
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.				
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG # 112819	LOCATION PROPERTY P.R.	LEIN / NCIC REF #					
27	EC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED			
28	COMMENTS — INSURANCE COMPANY / LIEN HOLDER / BANK							SEIZED DRUGS	TYPE	AMOUNT	MEAS
29	INVESTIGATING OFFICER(S) WOLFE / BRAGG				REVIEWED BY:	ATTENTION TO:					

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48084-5285

ORI # MI6378400

PERSON REPORT

SUPP ☐

PAGE 2 OF 3

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER																		
	04.24.01	TUE	09	99	LOS	06	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	01/14/06																			
COX	1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE																											
V 02	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE																
	48		CORBLANO WILLIE						BM		08306733																	
I 03	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY		STATE	ZIP																	
	3986		JOHN R.					TROY		MI	48089																	
C 04	HOME PHONE		BUSINESS PHONE		STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.																			
									MANAGER																			
T 05	VICTIM CONNECTED TO OFFENSE		VICTIM TYPE		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY																			
	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/>		I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS						N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS F <input type="checkbox"/> FATAL																			
I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY										OUTSIDE FAMILY, BUT KNOWN		NOT KNOWN		REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES											
	01 SPOUSE 05 CHILD 09 STEPPARENT 20 ACQUAINTANCE 24 BOY / GIRL FRIEND 28 EMPLOYEE 98 STRANGER 99 UNKNOWN										21 FRIEND 25 CHILD OF "BG" ABOVE 29 EMPLOYER		REL / OFF #															
M 07	02 C-L SPOUSE 06 GRANDPARENT 10 STEPCCHILD 22 NEIGHBOR 26 HOMOSEXUAL REL. 30 OTHERWISE KNOWN										03 PARENT 07 GRANDCHILD 11 STEPSIBLING 23 BABYSITEE (baby) 27 EX-SPOUSE 31 VICTIM WAS OFFENDER																	
	04 SIBLING 08 IN-LAW 12 OTHER FAMILY																											
V 08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE																
I 09	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY		STATE	ZIP																	
C 10	HOME PHONE		BUSINESS PHONE		STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.																			
T 11	VICTIM CONNECTED TO OFFENSE		VICTIM TYPE		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY																			
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I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY										OUTSIDE FAMILY, BUT KNOWN		NOT KNOWN		REL / OFF #		FELONIOUS ASSAULT CIRCUMSTANCES											
	01 SPOUSE 05 CHILD 09 STEPPARENT 20 ACQUAINTANCE 24 BOY / GIRL FRIEND 28 EMPLOYEE 98 STRANGER 99 UNKNOWN										21 FRIEND 25 CHILD OF "BG" ABOVE 29 EMPLOYER		REL / OFF #															
M 13	02 C-L SPOUSE 06 GRANDPARENT 10 STEPCCHILD 22 NEIGHBOR 26 HOMOSEXUAL REL. 30 OTHERWISE KNOWN										03 PARENT 07 GRANDCHILD 11 STEPSIBLING 23 BABYSITEE (baby) 27 EX-SPOUSE 31 VICTIM WAS OFFENDER																	
	04 SIBLING 08 IN-LAW 12 OTHER FAMILY																											
A 15	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE																
R 16	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY		STATE	ZIP																	
R 17	HOME PHONE		BUSINESS PHONE		HEIGHT		WEIGHT		EYES		HAIR COLOR / LENGTH / STYLE		BUILD		SKIN TONE													
E 18	PERSON COMMENTS / CLOTHING										SUMMONS / CITATION NUMBER(S)																	
S 19	ARREST / SUMMONS DESCRIPTION										ARREST CHARGE 1		ARREST DATE		PLATOON		BADGE 1		BADGE 2		FM		DIS		DEPARTMENT ARREST NUMBER			
T 20	ARREST / SUMMONS DESCRIPTION										ARREST CHARGE 2		ARREST DATE		PLATOON		BADGE 1		BADGE 2		FM		DIS		AFIS NUMBER			
21	ARREST TYPE		ON VIEW (No Warrant)		SUMMONS (No Custody)		CUSTODY (Warrant)		MULTIPLE ARREST		MULTIPLE COUNT		CLEAR INDICATOR		Y <input type="checkbox"/> N <input type="checkbox"/>		UPON ARREST		01 <input type="checkbox"/> UNARMED		13 <input type="checkbox"/> RIFLE		20 <input type="checkbox"/> LETHAL CUT INSTRUMENT		ARREST ORIGIN		DISP	
																			11 <input type="checkbox"/> FIREARM		14 <input type="checkbox"/> SHOTGUN		(e.g. Switchblade Knife, etc.)					
																			12 <input type="checkbox"/> HANDGUN		15 <input type="checkbox"/> OTHER FIREARM		30 <input type="checkbox"/> CLUB / BRASS KNUCKLES					
22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE																
A 23	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)					CITY		STATE	ZIP																	
R 24	HOME PHONE		BUSINESS PHONE		HEIGHT		WEIGHT		EYES		HAIR COLOR / LENGTH / STYLE		BUILD		SKIN TONE													
R 25	STATE		DRIVER'S LICENSE #		SOC. SEC. #		SID #		FBI #																			
E 26	PERSON COMMENTS / CLOTHING										SUMMONS / CITATION NUMBER(S)																	
S 27	ARREST / SUMMONS DESCRIPTION										ARREST CHARGE 1		ARREST DATE		PLATOON		BADGE 1		BADGE 2		FM		DIS		DEPARTMENT ARREST NUMBER			
T 28	ARREST / SUMMONS DESCRIPTION										ARREST CHARGE 2		ARREST DATE		PLATOON		BADGE 1		BADGE 2		FM		DIS		AFIS NUMBER			
29	ARREST TYPE		ON VIEW (No Warrant)		SUMMONS (No Custody)		CUSTODY (Warrant)		MULTIPLE ARREST		MULTIPLE COUNT		CLEAR INDICATOR		Y <input type="checkbox"/> N <input type="checkbox"/>		UPON ARREST		01 <input type="checkbox"/> UNARMED		13 <input type="checkbox"/> RIFLE		20 <input type="checkbox"/> LETHAL CUT INSTRUMENT		ARREST ORIGIN		DISP	
																			11 <input type="checkbox"/> FIREARM		14 <input type="checkbox"/> SHOTGUN		(e.g. Switchblade Knife, etc.)					
																			12 <input type="checkbox"/> HANDGUN		15 <input type="checkbox"/> OTHER FIREARM		30 <input type="checkbox"/> CLUB / BRASS KNUCKLES					
30	INVESTIGATING OFFICER(S):										REVIEWED BY:		ATTENTION TO:															

TROY POLICE DEPT.500 W. Big Beaver, Troy, MI 48064
ORI #MI6378400**NARRATIVE REPORT**☒ SUPP☐ CORR☐ DELETE

PAGE 3 of 3

01	DATE 4/24/01	DAY Tue	SHIFT 09	PLAT 99	BADGE 1 006	BADGE 2	INCIDENT STATUS _ CLR ARREST _ UNF _ CLR EXCEPT _ INACT	PRIM CLASS	YEAR 01	INCIDENT # 14106

Directed Patrol Unit Officers Sgt Avery, Ofc's Wolfe, Bragg, Cascioli and Barton working liquor compliance checks with student enforcement aide Mathew Arnold, DOB 4-21-82.

On 4/24/01 at 2005 hrs, Arnold entered the Rite Aid Pharmacy at 3986 John R Rd. Arnold selected the listed bottle of Beringer's White Wine and took it to the check out counter. Arnold presented the wine for purchase to cashier Hannah Hajaij. Hajaij rang up the purchase without requesting identification from Arnold, or making an inquiry as to his age. The sale was then completed, and Arnold left the store with the wine.

Hajaij was contacted by Ofc's Bragg and Wolfe and advised of the violation. Hajaij was unable to account for her actions other than to say that she had only been on the job for two weeks, and that she had been very busy at the time Arnold brought the wine to her register.

Hajaij was issued Citation No. 624951 for Furnishing Alcohol to a Minor. The wine was tagged and entered into property room locker No. 1 (Tag No. 112819)

Bragg/wolfe

REVIEWED BY

ASSIGNED TO/BADGE

ATTENTION TO

NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE PAGE 1 OF 1

01	DATE 04/24/01	DAY TUE	SHIFT 09	PLAT 99	BADGE 1 105	BADGE 2 06	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS 	YEAR 91	INCIDENT # 14106
----	------------------	------------	-------------	------------	----------------	---------------	---	----------------	------------	---------------------

02 statement of: MATTHEW ARNOLD Home Phone: (248)288-1069
(PLEASE PRINT)

03 Address: 500 W Big Beaver Business Phone:

04 City: TROY State: MI Zip: 48098

06 I, MATTHEW ARNOLD, walked into Rite Aid on John R, WENT
07 INTO THE BACK OF THE STORE AND GRABBED A BOTTLE OF WINE.
08 I THEN PERCEDED TO FRONT OF STORE where A FEMALE ABOUT 5'6"
09 WITH BLACK hair RANG up the BOTTLE without ASKING FOR I.D.
10 I THEN WALKED OUT OF THE STORE AND Handed the bottle OVER to the
11 OFFICERS.

28 Taken By: Wolf X: [Signature]
(SIGNATURE)

29 Place: STATION Date: 4-24-01 Time: 2130

INVESTIGATING OFFICER(S) <u>APU</u>	REVIEWED BY	ASSIGNED TO / BADGE	ATTENTION TO
--	-------------	---------------------	--------------

State of Michigan
Uniform Law Citation

Ticket No. **No 524951**

☐ Victim Involved

US DOT #

Ir. No. **01-14/06**

Dept. No. **784**

The People of: ☐ the State of Michigan
☐ Township ☒ City ☐ Village ☐ County

Local Use/Arrest No.

Detection Device

OF: **TROY**

BAC

1 of 1

THE UNDERSIGNED SAYS THAT ON: **4 24 01 8:10** At approximately ☐ A.M. ☒ P.M. Date Month Day Year **4 28 82**

State Driver's License Number **MI H 220 298 014 749** Social Security No.

Race **W** Sex **F** Height **5** Weight **120** Hair **B** Eyes **B** Occupation/Employer

Name (First, Middle, Last) **HANNAH E HEJAIS**

Street **2346 MICHAEL DR.**

City **STERLING HTS** State **MI** Zip Code **48310**

Vehicle Plate No. Year State Vehicle Description (Year, Make, Color) Type

THE PERSON NAMED ABOVE, in violation of ☒ Local Ordinance ☐ State Law ☐ Administrative Rule

UPON **3986 JOHN R.**

AT OR NEAR **RITE AID**

WITHIN ☒ CITY ☐ VILLAGE ☐ TOWNSHIP OF **TROY**

COUNTY OF **OAKLAND** DID THE FOLLOWING:

Type	MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.	9.77.3	FURNISHING ALCOHOL TO MINOR	1
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.			2
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.			3
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s)

1 2 3

Key for Type C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive

Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending

Remarks **810-268-8318**

WORKED 2 WEEKS

NOT FAMILIAR W/ PROCEEDURE

CHECK IF APPROPRIATE ☐ Damage to Property ☐ Local Court Bond \$

☐ Vehicle Impounded ☐ Injury ☐ License Posted In Lieu of Bond

☐ Traffic Crash ☐ Death ☐ Appearance Certificate

Person in Active Military Service ☐ Yes ☒ No ☐ None

SEE DATE BELOW: SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS

☒ Appearance Date on or before **5-10-01**

☐ Hearing Date (if applicable) on ☐ Contact Court

☐ Juvenile Traffic Misd. (Court will Notify) ☐ Formal Hearing Required (Court will Notify)

In the **52-4 DISTRICT** Court of **OAKLAND COUNTY**

Court Address & Phone Number

520 W. BIG BEAVER RD., TROY, MICHIGAN 48084

PHONE: (248) 528-0400

☐ I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).

I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt if applicable

WOLFE / BRAB6 Month **4** Day **24** Year **01**

Officer's Name (printed) **WOLFE / BRAB6** Officer's ID No. **165/06**

Agency ORI **MI- 6378400** Agency Name **TROY POLICE DEPARTMENT**

UC-01a (rev. 11/95) Court Copy 1

PRESS - YOU ARE MAKING FIVE COPIES

ORDER BY FORM NO. M76 (Revised 11/95)

Doubleday Bros. & Co., Kalamazoo, MI (616) 381-1040, (800) 632-2259

BS-M76 V83,213 P1

MICHIGAN DEPARTMENT OF CONSUMER AND INDUSTRIAL SERVICES
LIQUOR CONTROL COMMISSION
7150 HARRIS DRIVE
P.O. BOX 30005
LANSING, MI 48909

NOTICE OF SCHEDULED HEARING
(Authorized by M.A.C R436.1909)
July 11, 2001

TO: TROY POLICE DEPARTMENT
500 W. BIG BEAVER
TROY, MI 48084

RE: RITE AID OF MICHIGAN, INC
D/B/A RITE AID DISCOUNT
PHARMACY #4268
3986 JOHN R.
TROY, MI 48083
Complaint No. 1-61056

A complaint has been filed against the above licensee alleging: SALE TO MINOR,
MATTHEW ARNOLD (19): April 24, 2001

This matter is being scheduled for hearing at the following location, date, and time:

LIQUOR CONTROL COMMISSION
24155 DRAKE ROAD
FARMINGTON, MI 48335-3168

MONDAY
AUGUST 13, 2001
10:00 A.M.

The officer(s) listed below are requested to attend the hearing and bring whatever evidence they have in connection with the case: ***Please review charges and witnesses on the attached Complaint and contact this office immediately if you have any questions.**

PO Robert Wolfe

Enclosed are subpoenas for the witnesses involved in this case. We request they be served by your agency. Please notify this office a minimum of three working days prior to the scheduled date of hearing if you are unable to serve the subpoenas.

MATTHEW ARNOLD
C/O TROY POLICE DEPARTMENT

Any request for postponement must be in writing and must be received **in this office no less than two working days prior to the date of the hearing** as required by Rule 434.1931 of the Hearings and Appeal Practice Rules. If you have any questions, contact the Hearings and Appeals Section at (517) 322-1390. Our office hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals Section

SKC:wls
enclosure

cc: PO Robert Wolfe



State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Liquor Control Commission
7150 Harris Drive
P.O. Box 30005
Lansing, Michigan 48909-7505
(517) 322-1345

September 20, 2001

RITE AID OF MICHIGAN, INC.
D/B/A RITE-AID DISCOUNT PHARMACY #4268
3986 JOHN R
TROY, MI 48083



DISMISSED.
AIDE FTA

RE: Complaint No. 1-61056

Dear Licensee:

Enclosed is a copy of the Administrative Law Judge's Order in the above matter.
We are closing our files accordingly.

Should any questions arise regarding this matter, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin
Supervisor

SKC:jcc

c: Troy Police Department ✓
Atty. John Doyle
Home office

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: RITE AID OF MICHIGAN, INC.
D/B/A RITE-AID DISCOUNT PHARMACY #4268
3986 JOHN R
TROY, MI 48083

HEARING: AUGUST 13, 2001
PLACE: FARMINGTON
COMPLAINT NO. 1-61056
BUSINESS I.D. #: 9794
SDD SDM SS

CHARGES - April 24, 2001

- (1) Sell, furnish or give away alcoholic liquor to a person, Matthew T. Arnold, date of birth April 21, 1982, who had not then attained the age of twenty-one (21) years, contrary to Const 1963, art 4, § 40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

John Doyle, an officer of and attorney for the above named License Corporation, appeared before this Administrative Law Judge and entered a plea of denial to the charge stated in Case No. 1-61056 pursuant to Rule R 436.1909 of the Michigan Liquor Control Commission (MLCC).

Attorney Doyle, moved that the charge be dismissed for lack of sufficient evidence to substantiate said charge when the main witness, to wit: Matthew Arnold, failed to appear for the hearing. Assistant Attorney General Charles Donahue, who represented all law enforcement agencies in this matter, did not oppose said motion, explaining to the Administrative Law Judge that in his opinion it would not be possible to secure the presence of said witness, at this hearing or any future scheduled hearing on this matter.

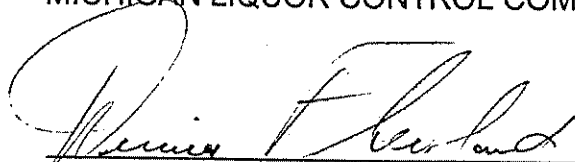
CONCLUSIONS OF LAW

Based upon the aforementioned Findings of Fact, the Administrative Law Judge concludes that the Licensed Corporation in Case No. 1-61056, did violate Section 801(2), of the Michigan Liquor Control Code, MCL 436.1801(2), as cited in the charge of the Complaint in this matter.

ORDER

The Administrative Law Judge Orders the charge stated in the above Complaint **DISMISSED** without prejudice.

MICHIGAN LIQUOR CONTROL COMMISSION



Dennis Flessland, Administrative Law Judge

Dated: September 10, 2001

Charles Donahue
Assistant Attorney General
24155 Drake Road
Farmington, MI 48335-3168

John J. Doyle
Attorney at Law
2400 Science Parkway, Suite #1-B
Okemos, MI 48864

DF: 1-61056



City of
Troy

Charles T Craft, Chief of Police
500 West Big Beaver Road
Troy, Michigan 48084
(248) 524-3443

MEMORANDUM

SUPPORT SERVICES DIVISION

DATE: January 29, 2002

TO: Jackie, Law Dept

FROM: Sgt. George Zielinski

SUBJECT: Summons' Dispositions

Hi Jackie-
Can I get the Summons' Dispositions (if adjudicated) for the following Liquor violations? Thanks.

As requested!

Summons Number	Date	Defendant	Disposition
624951	04/24/01	Hejais, Hannah	Pled Guilty \$75 fine
618111	04/24/01	Badgero, Pamela	Pled Guilty \$50 fine
618112	05/03/01	Radzio, Andrzen	Pled Guilty \$250 fine
632133	08/17/01	Cocuzza, Angela	PUA 6 mo. Set for 6-10-02
618101	05/03/01	Almbida, Cleofas	Pled Guilty \$75 fine
618107	08/17/01	Choi, Mi	Pled Guilty \$150 fine
618102	08/17/01	Ducato, Joseph	Pled Guilty \$250 fine
632140	09/25/01	Chidyausiku, Rason	PUA 12 mo Set for 12-7-02
632142	09/25/01	Mikha, Luay	Pled Guilty \$50 fine
618108	09/25/01	Kaur, Rajandeep	Bench Trial 2-12-02 / Bolle
632144	10/05/01	Lawson, Chad	Pled Guilty \$250 fine

Jackie

MICHIGAN



500 West Big Beaver
Troy, Michigan 48084
Fax: (248) 524-0851
www.ci.troy.mi.us

Area code (248)

Assessing
524-3311

Bldg. Inspections
524-3344

Bldg. Maintenance
524-3368

City Clerk
524-3316

City Manager
524-3330

Community Affairs
524-1147

Engineering
524-3383

Finance
524-3411

Fire-Administration
524-3419

Human Resources
524-3339

Information Services
619-7279

Law
524-3320

Library
524-3545

Parks & Recreation
524-3484

Planning
524-3364

Police-Administration
524-3443

Public Works
524-3370

Purchasing
524-3338

Real Estate & Development
524-3498

Treasurer
524-3334

General Information
524-3300

February 15, 2002

Rite Aid Discount Pharmacy #4268
Rite Aid of Michigan, Inc.
3986 John R
Troy, Michigan 48083

Re: Liquor License: Rite Aid Discount Pharmacy #4268
3986 John R
Troy, Michigan 48083

Pursuant to Chapter 92, Section 9.84 of the Code of the City of Troy, a Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 27, 2002 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: SDD 11763-2000 & SDM 4339-2000
Violation Name: Sale to Minor
Violation Date(s): April 24, 2001

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes
Deputy City Clerk



500 West Big Beaver
Troy, Michigan 48084
Fax: (248) 524-0851
www.ci.troy.mi.us

February 15, 2002

John J. Doyle
Attorney at Law
2400 Science Parkway-Suite #1-B
Okemos, Michigan 48864

Re: Liquor License: Rite Aid Discount Pharmacy #4268
3986 John R
Troy, Michigan 48864

Pursuant to Chapter 92, Section 9.84 of the Code of the City of Troy, a Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 27, 2002 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

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Sincerely,

Barbara A. Holmes
Deputy City Clerk

Area code (248)
Assessing
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Information Services
619-7279
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Library
524-3545
Parks & Recreation
524-3484
Planning
524-3364
Police-Administration
524-3443
Public Works
524-3370
Purchasing
524-3338
Real Estate & Development
524-3498
Treasurer
524-3334
General Information
524-3300

7-Eleven
7-Eleven Division
5020 John R
Troy MI 48098
SDM 13474-2000
Sale to Minor

LCC

Liquor Licensee History

Business name: **7-Eleven**

Address: 5020 John R.

Licensee: Southland Corporation & A.R.M., Inc.

License type: **SDM (13474-2000)**

Permits: none

Comments:

Date	Troy Incident #	Type	Disposition	Date
8/14/82	82-19585	Sale to minor Compliance Insp	Fined \$200	11/8/83
5/27/88	88-15777	Sale to minor Compliance Insp	Fined \$300	10-25-88
12/10/88	88-39042	Sale to minor Compliance Insp	Fined \$500	12/26/89
10/26/89	89-33816	Sale to minor Compliance Insp	Fined \$500	5/17/90
7/30/90		License suspended 14 days effective (3rd violation in 24 months)	7/23/90	
2/22/91	91-5010	Sale to minor	Fined \$200	9/4/91
5/23/91	91-14242	Sale to minor Compliance Insp	Fined \$1000	11/18/91
10/14/91		David & Betty Stichler added as Co-Licensees		
9/29/95	95-35602	Sale to minor (Compliance Insp)	Fined \$300.	1/16/96
3/18/96	95-35602	Council hearing	Retrn all over 1yr, Retrn yearly.	
2/4/98		Betty & David Stichler dropped as co-licensees		
6/15/98		Anthony Maciejewski Added as co-licensee		
08/21/98	MLCC	Sale to Minor (Compliance Insp.)	Pending	

10/28/98	98-43640	Sale to Minor (Compliance Insp.)	\$700 fine
03/22/98		City Council resolves TIPS/TAM training for all emps with annual re-certification to police dept.	
06/01/99	99-20337	Liquor Inspection (Road Patrol)	NO VIOLATIONS
07/13/99	99-26567	Liquor Inspection (Road Patrol)	NO VIOLATIONS
06/22/99	99-23592	Compliance Test	PASSED
08/11/99		Reminder letter sent for proof, deadline 09/01/99	
09/01/99		Proof received TIPS trained on 06/01/99	
10/27/99	NONE	Compliance Test	PASSED
11/17/99	99-44050	Liquor Inspection (Road Patrol)	NO VIOLATIONS
02/04/00		A.R.M. added as co-licensee, Anthony R. Maciejewski dropped as co-licensee	
03/10/00	00-08360	Sale to Minors (FOP – DPU)	\$3000 fine, 7 day suspension Drop ARM Inc as co-licensee 09/19/00
07/25/00	none	Compliance Test	PASSED
11/01/00	MLCC	MLCC approves ARM Inc. dropped as co-licensee w/o investigation	
11/15/00	00-42360	Compliance Test	PASSED

02/19/01		Council approves adding Mizan Rahman as Co-Licensee (see below)	
02/21/01	MLCC	SDM suspended for 10 days effective 03/12/01 for having "3 or more separate violations in a 24 month period from November 1998 thru September 2000	
02/28/01		Council Show Cause orders TIPS/TAM training for ALL employees with proof to PD within 60 days proof rec'd 04/27/01	
04/13/01	MLCC	MLCC denies adding Mizan Rahman due to prior Domestic conviction in FL	
04/27/01		Proof received TIPS	
05/21/01		Reminder letter sent for proof of TIPS	
06/20/01		MLCC rescinds RAHMAN denial and approves him as co-licensee	
.....			
08/14/01	01-29128	Compliance Test	PASSED
09/25/01	01-34452	Sale to Minor (Compliance Test)	pending

10/31/01	01-39274	Liquor Inspection (Road Patrol)	NO VIOLATIONS
01/03/02	02-00238	Liquor Inspection (Road Patrol)	NO VIOLATIONS

7-ELEVEN
5020 JOHN R RD

2001 INCIDENT HISTORY

<u>Complaint Number</u>	<u>Report Date</u>	<u>Description</u>
01-26000	07/22/01	Malicious Destruction of Property
01-26245	07/24/01	Retail Fraud III
01-30509	08/25/01	Retail Fraud III
01-34457	09/25/01	LCC Violation
01-39194	10/30/01	Suspicious Circumstances
01-40692	11/11/01	Retail Fraud III

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48084-5285

ORI # MI6378400

INCIDENT REPORT

SUPP ☐

PAGE 1 OF 2

01	DATE 09.25.01	DAY TUE	SHIFT 09	PLATOON 99	BADGE 1 006	BADGE 2 105	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01	INCIDENT NUMBER 34452
	RECEIVED 19.30	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED 09.25.01	TIMES(S) OCCURRED 19.30	ASSIGNED HOUR / DAY 19 TUE			
03	LOCATION / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 5020 JOHN R RD.						LOCATION 2 (INTERSECTING STREET)			
04	CITY TROY	STATE MI	ZIP 48098	CODE	BUSINESS NAME 7-11			BUSINESS PHONE		
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION CONVENIENCE STORE				ESTAB CODE 0210	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL 05	GEOGRAPHIC	
06	NATURE OF OFFENSE #1 LCC VIOLATION		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)
07	NATURE OF OFFENSE #2		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
08	NATURE OF OFFENSE #3		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	
09	NATURE OF OFFENSE #4		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	OFFENSE COMMENTS

CODES	(1) REPT'D BY	(2) OWNER	(3) VICT	(4) PERS INTERV	(5) ARREST	(6) SUSPECT	(7) MISSING	(8) WITN	(9) SECUR'D BY	(O) JUV ARREST	(D) DRIVER	(P) PASSENGER	(S) SUMMONED	(R) RESPONSIBLE			
V 10	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) ZBYRAD, TERRI										RAC WF	SEX F	DOB 02.21.83	AGE 18	
I 11	ADDRESS 500	(DIRECTION, STREET, SUFFIX, QUALIFIER) W. BIG BEAVER										CITY TROY	STATE MI	ZIP 48084			
G 12	HOME PHONE	BUSINESS PHONE 524-3477	STATE	DRIVER'S LICENSE #										PERSON COMMENTS / OTHER I.D. STUDENT ENFORCEMENT AIDE			

T 13	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL							
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY										OUTSIDE FAMILY, BUT KNOWN		NOT KNOWN			REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 15	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER				96 STRANGER 99 UNKNOWN	REL / OFF #						

16	CODE 4.S.01	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) KAUR, RAJANDEEP										RAC WF	SEX F	DOB 02.28.82	AGE 19
A 17	ADDRESS 1970	(DIRECTION, STREET, SUFFIX, QUALIFIER) JONATHAN CIRCLE APT. 38B5										CITY UTICA	STATE MI	ZIP 48317		
R 18	HOME PHONE 810 323-2860	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE								
R 19	STATE MI	DRIVER'S LICENSE # K600.730.010153	SOC. SEC. #	SID #	FBI #											
E 20	PERSON COMMENTS / CLOTHING CASHIER										SUMMONS / CITATION NUMBER(S) 618108					

S 21	ARREST / SUMMONS DESCRIPTION FURNISH ALCOHOL TO A MINOR		ARREST CHARGE 1	ARREST DATE 09.25.01	PLATOON 99	BADGE 1 006	BADGE 2 105	FM M	DIS S	DEPARTMENT ARREST NUMBER				
T 22	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER				
23	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL						

CODES	(H) HOLD	(S) STOLEN	(E) EVIDENCE	(L) LOST	(A) ATTACKED	(R) RECOVERED	(F) FOUND	(C) CONFISCATED	(I) IMPOUNDED	(V) SUSPECT VEHICLE	(B) BURNED	(Y) FORGED / COUNTERFEITED	
24	CODES E	DESCRIPTION ALCOHOLIC BEVERAGE			PROPERTY TYPE	QUANTITY 6	YEAR	MAKE MIKE'S	MODEL HARD LEMONADE				
25	STYLE BLK/YEL	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.						
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG # 114787	LOCATION PROPERTY DEPOSITORY	LEIN / NOIC REF #							
	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED					

28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK 6 PACK W/ RECEIPT										SEIZED DRUGS	TYPE	AMOUNT	MEAS	
29	INVESTIGATING OFFICER(S) DPU / BRAGG WOLFE										REVIEWED BY:	ATTENTION TO:			

TROY POLICE DEPT.

500 W. Big Beaver, Troy, MI 48064

ORI #MI6378400

NARRATIVE REPORT

___ SUPP

___ CORR

___ DELETE

PAGE 2 OF 2

01	DATE 9/25/01	DAY Tue	SHIFT 09	PLAT 99	BADGE 1 105	BADGE 2	INCIDENT STATUS ___ CLR ARREST ___ UNF ___ CLR EXCEPT ___ INACT	PRIM CLASS	YEAR 01	INCIDENT # **34452
----	-----------------	------------	-------------	------------	----------------	---------	---	------------	------------	-----------------------

Directed Patrol Unit working Liquor Compliance Checks with Student Enforcement Aide Terry Zbryad (18).

Aide Zbryad entered the 7-11 at 5020 John R. Aide Zbryad selected a six-pack of Mike's Hard Lemonade and placed it on the counter for purchase. Clerk Rajandeep Kaur asked Aide Zbryad for her identification. Aide Zbryad stated she did not have her I.D. with her but her birth date was 2-21-83. After a brief hesitation, clerk Kaur completed the transaction.

In speaking with clerk Kaur, she stated she did ask for identification but could not explain why she did not require Aide Zbryad to show identification. Clerk Kaur was issued citation for Furnishing Alcohol to Minor. LCC form completed. The six-pack of Mike's Hard Lemonade and the receipt was confiscated, tagged and placed into property.

INVESTIGATING OFFICER(S)

WOLFE #105

REVIEWED BY

ASSIGNED TO/BADGE

ATTENTION TO

TROY POLICE DEPT.

500 W. Big Beaver, Troy, MI 48064

ORI # MI6378400

**NARRATIVE REPORT
WITNESS STATEMENT**
☐ SUPP

☐ CORR

☐ DELETE

PAGE

OF

01	DATE 9/25/01	DAY TUE	SHIFT 01	PLAT 99	BADGE 1 105	BADGE 2 06	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT	<input type="checkbox"/> UNF <input type="checkbox"/> INACT	PRIM CLASS	YEAR 91	INCIDENT # 34452
----	-----------------	------------	-------------	------------	----------------	---------------	---	--	------------	------------	---------------------

 Statement of: Terri Zbyrad 2-21-83 Home Phone:

 Address: 500 Big Beaver Rd. Business Phone: 524-3477

 City: Troy State: MI Zip: 48084

I Terri Zbyrad, entered 7 Eleven on 5020 John R. Rd September 25th, 2001 at about 7:30pm. I picked out a 6 pack of Mike's Hard Lemonade and took it to the counter. The lady asked for my I.d., when I told her I didn't have it I said my Date of Birth was February 21, 1983. She hesitated for a moment then rang me up. She was about 5'6", dark complected with dark hair pulled back into a ponytail. Then I exited the store.

 Taken By: Wage (SIGNATURE) Terri Zbyrad (SIGNATURE)

 Place: STATION Date: 9-25-01 Time: 2037

 INVESTIGATING OFFICER(S) DPV REVIEWED BY ASSIGNED TO / BADGE ATTENTION TO



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

*** Officers Please Obtain This Information From The License ***

License No. SDM 13474-2001 Business ID 16346 File # _____

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

MIZAN M. RAHMAN

1. Name of Licensee 7-11 INCORPORATED 2. Doing Business As 7-11

3. Mailing Address (street, city, zip code) 5020 JOHN R RD. TROY MI. 48098

4. Township _____ 5. County OAKLAND

6. Type of License(s) & Permit(s) SDM

7. Date of Violation: TUESDAY SEPTEMBER 25, 2001 7:30 . AM or PM
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 2/21/83 Was this a DECOY ? Yes No If no, you MUST answer below:

If above minor violation was not a decoy describe Enforcement Action Taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 01-31452

Officer Signature Russell Bragg Name and Title (print) OFF. RUSSELL BRAGG

Officer Signature Robert Wolfe Name and Title (print) OFF. ROBERT WOLFE

Department Name _____ Phone # _____

WITNESSES

1. Name RAJANDEEP KAUR Address 1970 JONATHAN CIRCLE Apt. 38B5

Will testify to: SALE TO MINOR

2. Name TERRI ZBYRAD Address 500 W. B. B. BEAVER

Will testify to: S.E.A. - SALE TO MINOR

3. Name P.O. ROBERT WELKE Address 500 W. B. B. BEAVER

Will testify to: SALE TO MINOR

4. Name P.O. RUSS BRABB Address 500 W. B. B. BEAVER

Will testify to: SALE TO MINOR

5. Name _____ Address _____

Will testify to: _____

EVIDENCE

Location Held: 1 - 6 pack Mike's HARD Lemonade : PROPERTY ROOM

1 - Receipt : PROPERTY ROOM

US DOT # _____ Incid. **34452** Dept. No. **789**

The People of ☐ the State of Michigan Local Use/Arrest No. _____ Detection Device _____

☐ Township ☒ City ☐ Village ☐ County BAC _____ 1 of 1

OF: **TROY**

THE UNDERSIGNED SAYS THAT ON: Month **9** Day **25** Year **01** At approximately **7:30** ☐ A.M. ☒ P.M. Date Month **2** Day **28** Year **88**

State **MI** Driver's License Number **K600 730 010 153** Social Security No. _____

Race **W** Sex **F** Height _____ Weight _____ Hair _____ Eyes _____ Occupation/Employer _____

Name (First, Middle, Last) **RAJANDEEP KAUR**

Street **1970 JONATHAN CIR APT 38B5**

City **UTICA** State **MI** Zip Code **48317**

Vehicle Plate No. _____ Year _____ State _____ Vehicle Description (Year, Make, Color) _____ Type _____

THE PERSON NAMED ABOVE, in violation of ☒ Local Ordinance ☐ State Law ☐ Administrative Rule

UPON **7-11**

AT OR NEAR **5020 J.R.**

WITHIN ☒ CITY ☐ VILLAGE ☐ TOWNSHIP OF **TROY**

COUNTY OF **OAKLAND** DID THE FOLLOWING:

Type	MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.	9.77.3	FURNISH ALCOHOL TO MINOR	1
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			2
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.			3
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s) _____

1 _____ 2 _____ 3 _____

Key for Type C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive

Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending

Remarks **810-323-2860**

"ASK FOR I.D. Δ STATED SHE LOST IT & GAVE HER P.O.B." (VERBALLY)

CHECK IF APPROPRIATE ☐ Damage to Property ☐ Local Court Bond \$ _____

☐ Vehicle Impounded ☐ Injury ☐ License Posted In Lieu of Bond

☐ Traffic Crash ☐ Death ☐ Appearance Certificate

Person in Active Military Service ☐ Yes ☐ No ☐ None

SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS

☒ Appearance Date on or before **10-10-01** ☐ Contact Court

☐ Hearing Date (if applicable) on _____ ☐ Formal Hearing Required (Court will Notify)

☐ Juvenile Traffic Misd. (Court will Notify)

In the **52-4 DISTRICT** Court of **OAKLAND COUNTY**

Court Address & Phone Number

520 W. BIG BEAVER RD., TROY, MICHIGAN 48084

PHONE: (248) 528-0400

☐ I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).

I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt if applicable **Woyte / BRAB6** Month **9** Day **25** Year **01**

Officer's Name (printed) **WOIFE / BRAB6** Officer's ID No. **105106**

Agency ORI **MI-6378400** Agency Name **TROY POLICE DEPARTMENT**

UC-01a (rev. 11/95) Court Copy 1

PRESS - YOU ARE MAKING FIVE COPIES

ORDER BY FORM NO. M76 (Revised 11/95)

Doubleday Bros. & Co., Kalamazoo, MI (616) 381-1040, (800) 632-2259



City of
Troy

Charles T Craft, Chief of Police
500 West Big Beaver Road
Troy, Michigan 48084
(248) 524-3443

MEMORANDUM

SUPPORT SERVICES DIVISION

DATE: January 29, 2002
TO: Jackie, Law Dept
FROM: Sgt. George Zielinski
SUBJECT: Summons' Dispositions

Hi Jackie-
Can I get the Summons' Dispositions (if adjudicated) for the following Liquor violations? Thanks.

As requested!

Summons Number	Date	Defendant	Disposition
624951	04/24/01	Hejais, Hannah	Pled Guilty \$75 fine
618111	04/24/01	Badgero, Pamela	Pled Guilty \$50 fine
618112	05/03/01	Radzio, Andrzen	Pled Guilty \$250 fine
632133	08/17/01	Cocuzza, Angela	PUA 6 mo. Set for 6-10-02
618101	05/03/01	Almbida, Cleofas	Pled Guilty \$75 fine
618107	08/17/01	Choi, Mi	Pled Guilty \$150 fine
618102	08/17/01	Ducato, Joseph	Pled Guilty \$250 fine
632140	09/25/01	Chidyausiku, Rason	PUA 12 mo Set for 12-7-02
632142	09/25/01	Mikha, Luay	Pled Guilty \$50 fine
618108	09/25/01	Kaur, Rajandeep	Bench Trial 2-12-02 / Bolle
632144	10/05/01	Lawson, Chad	Pled Guilty \$250 fine

Jackie

MICHIGAN



500 West Big Beaver
Troy, Michigan 48084
Fax: (248) 524-0851
www.ci.troy.mi.us

February 15, 2002

7-Eleven
7-Eleven Division
5020 John R
Troy, Michigan 48098

Re: Liquor License: 7-Eleven
5020 John R
Troy, Michigan 48098

Pursuant to Chapter 92, Section 9.84 of the Code of the City of Troy, a Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 27, 2002 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: SDM 13474-2000
Violation Name: Sale to Minor
Violation Date(s): September 25, 2001

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes
Deputy City Clerk

Area code (248)
Assessing
524-3311
Bldg. Inspections
524-3344
Bldg. Maintenance
524-3368
City Clerk
524-3316
City Manager
524-3330
Community Affairs
524-1147
Engineering
524-3383
Finance
524-3411
Fire-Administration
524-3419
Human Resources
524-3339
Information Services
619-7279
Law
524-3320
Library
524-3545
Parks & Recreation
524-3484
Planning
524-3364
Police-Administration
524-3443
Public Works
524-3370
Purchasing
524-3338
Real Estate & Development
524-3498
Treasurer
524-3334
General Information
524-3300



500 West Big Beaver
Troy, Michigan 48084
Fax: (248) 524-0851
www.ci.troy.mi.us

February 15, 2002

Southland Corporation
7-Eleven Division
19500 Victor Parkway
Livonia, Michigan 48152-1083

Re: Liquor License: 7-Eleven
5020 John R
Troy, Michigan 48152-1083

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Parks & Recreation
524-3484
Planning
524-3364
Police-Administration
524-3443
Public Works
524-3370
Purchasing
524-3338
Real Estate & Development
524-3498
Treasurer
524-3334
General Information
524-3300

Rite Aid Discount Pharmacy #4305
Rite Aid of Michigan, Inc.
2971 W Maple
Troy MI 48084
SDD 10077-2001 & SDM 4978-2001
Sale to Minor

LCC

Liquor Licensee History

Business name: **Rite Aid #4305**

Address: 2971 W. Maple (248)

Licensee: Rite Aid of Michigan

License type: **SDD (10077-2000) SDM (4978-2000)**

Permits: Sunday Sales

Comments: John Doyle, Atty,

Date	Troy Incident #	Type	Disposition	Date
1966		Licensed		
08/22/81	81-20315	Sale to minor	Fined \$150.	09/21/81
08/22/81	81-20316	Sale to minor	Fined \$150.	09/24/81
03/03/89	89-6169	Sale to minor Controlled Buy	Fined \$300.	01/05/90
10/26/89	89-33819	Sale to minor (Compliance test)	Fined \$600.	08/09/90
08/02/91	91-22546	Sale to minor	Fined \$1000. 2 Day Suspension	01/07/93 1/29-2/1/93
10/04/91	91-29567	Sale to minor	Fined \$1000.	06/08/92
02/06/92	92-3393	Sale to minor Compliance Test	Fined \$1000. 3daysuspension appealed 1 day suspension	01/07/93 04/14/93 05/21/93
04/13/92		Council resolution to revoke license		
06/25/92	92-18046	Sale to minor	Fined \$300.	01/28/93
9/28/98		Council approves move from 2830 to 2971 W. Maple		
03/05/99	99-08531	Compliance Test	PASSED	
06/23/99	99-23661	Compliance Test	PASSED	
10/27/99	99-41272	Sale to Minor (Compliance Test)	\$400	03/13/00

12/01/99	99-45848	Liquor Inspection (Road Patrol)	NO VIOLATIONS
07/25/00	none	Compliance Test	PASSED
11/15/00	00-42342	Compliance Test	PASSED
01/20/01	01-02362	Liquor Inspection (Road Patrol)	NO VIOLATIONS
03/20/01	01-09612	Liquor Inspection (Road Patrol)	NO VIOLATIONS
06/16/01	01-21245	Liquor Inspection (Road Patrol)	NO VIOLATIONS
08/14/01	01-29120	Compliance Test	PASSED
09/11/01	01-32697	Liquor Inspection (Road Patrol)	NO VIOLATIONS
09/25/01	01-34449	Sale to Minor (Compliance Test)	pending
10/20/01	01-37851	Liquor Inspection (Road Patrol)	NO VIOLATIONS
01/04/02	02-00360	Liquor Inspection (Road Patrol)	NO VIOLATIONS

RITE AID PHARMACY
2071 W MAPLE RD

2001 INCIDENT HISTORY

Complaint Number	Report Date	Description
01-06261	02/21/01	Credit Card/Financial Transaction Device Use
01-34449	09/25/01	LCC Violation

TROY POLICE DEPARTMENT 500 W. Big Beaver - Troy, MI 48084-5285 ORI # M16378400

INCIDENT REPORT

SUPP ☐

PAGE 1 OF 3

01	DATE 09.25.01	DAY TUE	SHIFT 05	PLATOON 59	BADGE 1 070	BADGE 2 042	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01	INCIDENT NUMBER 134445	
	RECEIVED 1830	DISPATCHED 1830	ARRIVED 1855	COMPLETED 09.25.01	DATE(S) OCCURRED 09.25.01			TIMES(S) OCCURRED 1830		ASSIGNED HOUR / DAY 1819E	
03	LOCATION / ADDRESS 2971 W MAPLE						LOCATION 2 (INTERSECTING STREET)				
04	CITY TROY	STATE	ZIP	CODE	BUSINESS NAME RITE AID			BUSINESS PHONE			
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION DRUG STORE						ESTAB CODE 0210	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED 25-DISP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> OTHER	PATROL 07	GEOGRAPHIC
06	NATURE OF OFFENSE #1 LCC VIOLATION			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN F OPERATING / PROMOTING / ASSISTING G POSSESSING / CONCEALING H TRANSPORTING / TRANSMITTING / IMPORTING I USING / CONSUMING
07	NATURE OF OFFENSE #2 ORDINANCE VIOLATION			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	
08	NATURE OF OFFENSE #3			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	
09	NATURE OF OFFENSE #4			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	OFFENSE COMMENTS

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE												
V10	CODE 48	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) CAMERATO ANTHONY						RAC WM	SEX M	DOB 03.17.83	AGE 19
I11	ADDRESS 500 W B.B. BEAVER		(DIRECTION, STREET, SUFFIX, QUALIFIER)						CITY TROY	STATE MI	ZIP	
C12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.							
T13	VICTIM <input type="checkbox"/> 1 <input type="checkbox"/> 3 CONNECTED TO OFFENSE <input type="checkbox"/> 2 <input type="checkbox"/> 4		VICTIM TYPE 1 <input type="checkbox"/> INDIVIDUAL 8 <input type="checkbox"/> BUSINESS		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE		M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY L <input type="checkbox"/> SEVERE LACERATION T <input type="checkbox"/> LOSS OF TEETH F <input type="checkbox"/> FATAL U <input type="checkbox"/> UNCONSCIOUSNESS	
I14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY						OUTSIDE FAMILY, BUT KNOWN					
M15	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	NOT KNOWN 98 STRANGER 99 UNKNOWN		REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES		
	02 C.SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	REL / OFF #					
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN						
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER						
A16	CODE 45	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) CHIDYAVSIKU RASON ANESU						RAC BM	SEX M	DOB 05.26.80	AGE 21
A17	ADDRESS 716 COACHMAN APT 1		(DIRECTION, STREET, SUFFIX, QUALIFIER)						CITY TROY	STATE MI	ZIP 48063	
R18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE				
R19	STATE DRIVER'S LICENSE # MI C322730067356		SOC. SEC. #		SID #		FBI #					
E20	PERSON COMMENTS / CLOTHING						SUMMONS / CITATION NUMBER(S) 632140					
S21	ARREST / SUMMONS DESCRIPTION FURNISH ALCOHOL TO MINOR			ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER	
T22	ARREST / SUMMONS DESCRIPTION			ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER	
23	ARREST <input type="checkbox"/> ON VIEW (No Warrant) TYPE <input checked="" type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL				

CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED												
24	CODES E	DESCRIPTION NEW			PROPERTY TYPE	QUANTITY	YEAR	MAKE BUD LIGHT	MODEL 2202			
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.					
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG # 114792	LOCATION PROPERTY P.R.	LEIN / NCIC REF #						
27	IEC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED				
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK PURCHASED AT RITE AID BY CAMERATO								SEIZED DRUGS	TYPE	AMOUNT	MEAS
29	INVESTIGATING OFFICER(S) C. BROWN A. CASCIOL 47						REVIEWED BY WLA # 224	ATTENTION TO:				

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285
ORI # M18378400

PERSON REPORT

SUPP
PAGE 2 OF 3

01	DATE 0.9.25.01	DAY TUE	SHIFT 09	PLATOON 55	BADGE 1 076	BADGE 2 042	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01	INCIDENT NUMBER 34445				
(1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBL														
V 02	CODE 4	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) BAIZE TRACY						RAC CM	SEX	DOB	AGE		
I 03	ADDRESS 2971		(DIRECTION, STREET, SUFFIX, QUALIFIER) W MADE				CITY TROY		STATE	ZIP				
C 04	HOME PHONE		BUSINESS PHONE		STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D. STORE MGR & READER					
T 05	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4		VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS F <input type="checkbox"/> FATAL					
I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY						OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN		REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES	
M 07	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	30 OTHERWISE KNOWN	31 VICTIM WAS OFFENDER			
V 08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE		
I 09	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY		STATE	ZIP				
C 10	HOME PHONE		BUSINESS PHONE		STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.					
T 11	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4		VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS F <input type="checkbox"/> FATAL					
I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY						OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN		REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES	
M 13	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	30 OTHERWISE KNOWN	31 VICTIM WAS OFFENDER			
A 15	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE		
R 16	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY		STATE	ZIP				
R 17	HOME PHONE		BUSINESS PHONE		HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE				
E 18	STATE				DRIVER'S LICENSE #		SOC. SEC. #		SID #		FBI #			
S 19	PERSON COMMENTS / CLOTHING						SUMMONS / CITATION NUMBER(S)							
T 20	ARREST / SUMMONS DESCRIPTION						ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
21	ARREST / SUMMONS DESCRIPTION						ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
22	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)		MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> INDICATOR		CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N		UPON ARREST ARMED WITH (ENTER "A" IF AUTO)		01 <input type="checkbox"/> UNARMED	13 <input type="checkbox"/> RIFLE	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL		
A 23	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE		
R 24	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY		STATE	ZIP				
R 25	HOME PHONE		BUSINESS PHONE		HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE				
E 26	STATE				DRIVER'S LICENSE #		SOC. SEC. #		SID #		FBI #			
C 27	PERSON COMMENTS / CLOTHING						SUMMONS / CITATION NUMBER(S)							
T 28	ARREST / SUMMONS DESCRIPTION						ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
29	ARREST / SUMMONS DESCRIPTION						ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
30	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)		MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> INDICATOR		CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N		UPON ARREST ARMED WITH (ENTER "A" IF AUTO)		01 <input type="checkbox"/> UNARMED	13 <input type="checkbox"/> RIFLE	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL		
INVESTIGATING OFFICER(S): C. Brown 70								REVIEWED BY:		ATTENTION TO:				

TROY POLICE DEPT.

500 W. Big Beaver, Troy, MI 48064

ORI #MI6378400

NARRATIVE REPORT☒ SUPP☐ CORR☐ DELETEPAGE 1 OF 1

DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
9/25/01	Tue	09	99	070		<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT		01	34449

Directed Patrol Unit conducting liquor compliance test sent in student enforcement aide Anthony Lamerato w/m 03/17/83 (19 y/o) to the above location.

Lamerato selected the listed Bud Light beer and went to the register to purchase it. Lamerato gave the clerk a birthdate of 3-83-83 after he was asked for a birthdate. The clerk did not ask for any identification and the sale was completed. There is a sign posted in the store that you need to be born on or before this date 1980.

Officers spoke with the manager, Tracy Baize and the clerk, Rason Chidyausiku. Chidyausiku stated that he did not ask for identification and that he thought that the student enforcement aid was at least 30. Chidyausiku was issued a citation for furnishing/sell alcohol to minor. The store was issued a liquor violation, which will be filed with the Liquor Control Commission.

The beer was tagged and placed into evidence.

INVESTIGATING OFFICER(S)	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
C. Barton/A. Cascioli			

NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP

☐ CORR

☐ DELETE

PAGE

1 of 1

01	DATE 09/25/01	DAY TUE	SHIFT 09	PLAT 88	BADGE 1 070	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT	<input type="checkbox"/> UNF <input type="checkbox"/> INACT	PRIM CLASS	YEAR 01	INCIDENT # 34445
----	------------------	------------	-------------	------------	----------------	---------	---	--	------------	------------	---------------------

02 Statement of: Anthony Lamerato Home Phone: (248) 524-343

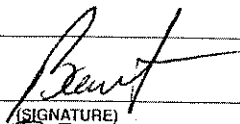
03 Address: 500 W Big Beaver Business Phone:

04 City: Troy State: MI Zip:

05
06 I (Anthony Lamerato) brought the Bud Light
07 to the counter and the black male asked me
08 for my birthdate. I then told him it was
09 3-8-83 and then I purchased it,
10
11
12
13
14

15
16
17
18
19
20
21
22
23
24
25
26

27 X: 
(SIGNATURE)

28 Taken By: 
(SIGNATURE)

29 Place: 500 Date: 9-25-01 Time: 2230

INVESTIGATING OFFICER(S)  070	REVIEWED BY	ASSIGNED TO / BADGE	ATTENTION TO
---	-------------	---------------------	--------------



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

*** Officers Please Obtain This Information From The License ***

SDD
License No. 10077-2001 SS Business ID 9143 File # _____
SDM 4978-2001
(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee RITE AID 2. Doing Business As RITE AID
3. Mailing Address (street, city, zip code) 2971 W. MAPLE 48084
4. Township _____ 5. County OAKLAND
6. Type of License(s) & Permit(s) SDD, SDM, SUNDAY SALES
7. Date of Violation: TUE 9-25-01 6:40 AM or PM
(DAY) (DATE) (HOUR)
8. Violation Type: ☒ Minor
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 3-17-83 Was this a DECOY? ☒ Yes ☐ No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 01-34449

Officer Signature [Signature] Name and Title (print) ANTONIO CASCIOLI (OFFICER)
Officer Signature _____ Name and Title (print) CARL BARTON (OFFICER)

Department Name TROY P.D. Phone # 524-3477
LC-600 Rev. 4/99 4880-2362

WITNESSES

1. Name TRACY BAIZE ^{STAFF}_{NGR.} Address 2971 W. MAPLE 288-4385

Will testify to: BEING ADVISED OF SITUATION BY P/O 2

2. Name RASON ANESH CHIDYANSIKY Address 716 COACHMAN APT 1

Will testify to: SELLING BUD LITE TO DEBOY

3. Name _____ Address _____

Will testify to: _____

4. Name _____ Address _____

Will testify to: _____

5. Name _____ Address _____

Will testify to: _____

EVIDENCE

Location Held: 1 22 oz BOTTLE OF BUD LITE IN TROY EVIDENCE
LOCK-UP

State of Michigan
Uniform Law Citation
US DOT #

N^o 632140
Incident No. 01-34449
Local Use/Arrest No. 0
Dept. No. 18
Detection Device

The People of: ☐ the State of Michigan
☐ Township ☒ City ☐ Village ☐ County

OF: TROY
THE UNDERSIGNED SAYS THAT ON: Month 09 Day 25 Year 01 At approximately 630 A.M. Date Month 05 Day 26
State MI Driver's License Number C 322,730 067,396 Social Security No.
Race B Sex M Height Weight Hair Eyes Occupation/Employer
Name (First, Middle, Last) RASON ANESU CHIDYAVSIKU
Street 116 COACHMAN APT 1
City TROY State 48083 Zip Code
Vehicle Plate No. Year State Vehicle Description (Year, Make, Color) Ty

THE PERSON NAMED ABOVE, in violation of ☒ Local Ordinance ☐ State Law ☐ Administrative Law
UPON 2971 W MAPLE
AT OR NEAR RITE AID
WITHIN ☒ CITY ☐ VILLAGE ☐ TOWNSHIP OF TROY
COUNTY OF OAKLAND DID THE FOLLOWING

Type	MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.	9.773	FAR TO MAKE DILIGENT INQUIRY - SOLD ALCOHOL TO MINOR
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv		
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.		
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv		
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.		
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv		

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s) 1 2 3
Key for Type C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive
Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending

Remarks

CHECK IF APPROPRIATE ☐ Damage to Property ☐ Local Court Bond \$
☐ Vehicle Impounded ☐ Injury ☐ License Posted in Lieu of Bond
☐ Traffic Crash ☐ Death ☐ Appearance Certificate
Person in Active Military Service ☐ Yes ☒ No ☐ None

SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS
☒ Appearance Date on or before 10-17-01 830 AM
☐ Hearing Date (if applicable) on ☐ Contact Court
☐ Juvenile Traffic Misd. (Court will Notify) ☐ Formal Hearing Required (Court will Notify)

In the 52-4 DISTRICT Court of OAKLAND COUNTY
Court Address & Phone Number
520 W. BIG BEAVER RD., TROY, MICHIGAN 48084
PHONE: (248) 528-0400

☐ I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).
I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt if applicable
C/Sant
Officer's Name (printed) C/Sant A. CASCO
Agency ORI MI-6378400 Agency Name TROY POLICE DEPARTMENT
UC-01a (rev. 11/95) Court Copy 1

Reviewed By: WLP # 224
TROY POLICE DEPARTMENT PROPERTY RECORD
TAG 114792

COMPLAINT # 01-34449
FOR PROPERTY SECTION USE ONLY - BIN#

EVIDENCE ☒ PERSONAL ☐ FOUND ☐ RECOVERED ☐ CONFISCATED ☐ LOCKER #

CHARGE FURNISH ALCOHOL TO MINOR DESCRIPTION 22 oz BOTTLE OF
GUD LITE BEER.

REPORTING OFFICER CASCO / BARTON DATE 9-25-01 TIME 1840
DEFENDANT: RASON ANESU CHIDYAVSIKU 5-26-80 B/M
FIRST MIDDLE LAST DOB RACE/SEX
INSTRUCTIONS TO PROPERTY SECTION: Hold for court & LCC
OWNER: NAME TYPD PHONE
ADDRESS CITY ZIP
C/ AIMED BY: DATE

PRESS - YOU ARE MAKING FIVE COPIES
ORDER BY FORM NO. M76 (Revised 11/95)
FIDLAR DOUBLEDAY KALAMAZOO, MI



City of
Troy

Charles T Craft, Chief of Police
500 West Big Beaver Road
Troy, Michigan 48084
(248) 524-3443

MEMORANDUM

SUPPORT SERVICES DIVISION

DATE: January 29, 2002

TO: Jackie, Law Dept

FROM: Sgt. George Zielinski

SUBJECT: Summons' Dispositions

Hi Jackie-
Can I get the Summons' Dispositions (if adjudicated) for the following Liquor violations? Thanks.

As requested!

Summons Number	Date	Defendant	Disposition
624951	04/24/01	Hejais, Hannah	Pled Guilty \$75 fine
618111	04/24/01	Badgero, Pamela	Pled Guilty \$50 fine
618112	05/03/01	Radzio, Andrzen	Pled Guilty \$250 fine
632133	08/17/01	Cocuzza, Angela	PUA 6 mo. Set for 6-10-02
618101	05/03/01	Almbida, Cleofas	Pled Guilty \$75 fine
618107	08/17/01	Choi, Mi	Pled Guilty \$150 fine
618102	08/17/01	Ducato, Joseph	Pled Guilty \$250 fine
632140	09/25/01	Chidyausiku, Rason	PUA 12 mo Set for 12-7-02
632142	09/25/01	Mikha, Luay	Pled Guilty \$50 fine
618108	09/25/01	Kaur, Rajandeep	Bench Trial 2-12-02 / Bolle
632144	10/05/01	Lawson, Chad	Pled Guilty \$250 fine

Jackie

MICHIGAN



500 West Big Beaver
Troy, Michigan 48084
Fax: (248) 524-0851
www.ci.troy.mi.us

February 15, 2002

Rite Aid Discount Pharmacy #4305
Rite Aid of Michigan, Inc.
2971 W Maple
Troy, Michigan 48084

Re: Liquor License: Rite Aid Discount Pharmacy #4305
2971 W Maple
Troy, Michigan 48084

Pursuant to Chapter 92, Section 9.84 of the Code of the City of Troy, a Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 27, 2002 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: SDD 10077-2001 & SDM 4978-2001
Violation Name: Sale to Minor
Violation Date(s): September 25, 2001

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes
Deputy City Clerk

Area code (248)
Assessing
524-3311
Bldg. Inspections
524-3344
Bldg. Maintenance
524-3368
City Clerk
524-3316
City Manager
524-3330
Community Affairs
524-1147
Engineering
524-3383
Finance
524-3411
Fire-Administration
524-3419
Human Resources
524-3339
Information Services
619-7279
Law
524-3320
Library
524-3545
Parks & Recreation
524-3484
Planning
524-3364
Police-Administration
524-3443
Public Works
524-3370
Purchasing
524-3338
Real Estate & Development
524-3498
Treasurer
524-3334
General Information
524-3300

Farmer Jack Supermarket #789

Borman's Inc.

2105 W South

Troy MI 48098

SDM 18011-2000

Sale to Minor

LCC

Liquor Licensee History

Business name: **Farmer Jack Supermarket**

Address: 2105 W. South Blvd. (248)

Licensee: Borman's Inc.

License type: **SDM (18011-2000)**

Permits:

Comments:

Date	Troy Incident #	Type	Disposition	Date
03/14/99	99-09752	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/03/99	99-20606	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/23/99	99-23654	Compliance Test	PASSED	
08/25/99	99-32729	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/27/99	none	Compliance Test	PASSED	
12/01/99	99-45835	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/25/00	none	Compliance Test	PASSED	
10/24/00	00-39408	Sale to Minor (Compliance Test)	\$500	
11/15/00	00-42363	Compliance Test	PASSED	
02/28/01		Council resolves to require TIPS/TAM for all employees selling alcohol and provide proof to PD within 6 months		
04/24/01	00-14112	Sale to Minor (Compliance Test)	DISMISSED SEA FTA	
08/14/01	01-29135	Compliance Test	PASSED	
09/25/01	01-34508	Compliance Test	PASSED	
10/21/01	01-37970	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
01/06/02	02-00590	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

**FARMER JACK SUPERMARKET
2105 W SOUTH BLVD**

2001 INCIDENT HISTORY

Complaint Number	Report Date	Description
01-04492	02/07/01	Retail Fraud II
01-05832	02/17/01	Retail Fraud III
01-08777	03/14/01	Burglary Alarm
01-12121	04/10/01	Private Property Injury Accident
01-13631	04/21/01	Private Property Damage Accident
01-14112	04/24/01	LCC Violation
01-16182	05/09/01	Hit & Run Private Property Accident
01-18189	05/24/01	Retail Fraud I
01-19442	06/04/01	Private Property Damage Accident
01-21070	06/15/01	Hit & Run Private Property Accident
01-22530	06/26/01	Retail Fraud III
01-25667	07/19/01	Hit & Run Private Property Accident
01-25970	07/21/01	Burglary Alarm
01-26041	07/22/01	Retail Fraud III
01-30747	08/27/01	Hit & Run Private Property Accident
01-34295	09/24/01	Larceny in a Building
01-34337	09/24/01	Private Property Accident
01-34766	09/28/01	Burglary Alarm
01-36484	10/10/01	Retail Fraud III
01-36781	10/12/01	Private Property Accident
01-39488	11/01/01	Retail Fraud III
01-40964	11/13/01	Hit & Run Private Property Accident
01-42367	11/25/01	Hit & Run Private Property Accident
01-44742	12/15/01	Retail Fraud III



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

*** Officers Please Obtain This Information From The License ***

License No. SDM-18011-2001

Business ID 17412

File # _____

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee Borman's, Inc. #789 2. Doing Business As Farmer Jack

3. Mailing Address (street, city, zip code) 2105 W. South Blvd., Troy, 48098

4. Township _____ 5. County Oakland

6. Type of License(s) & Permit(s) SDM

7. Date of Violation: Tuesday April 24, 2001 9:25 AM or PM
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 04/21/82 Was this a DECOY? ☒ Yes ☐ No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 01-14112

Officer Signature [Signature] Name and Title (print) Police Officer Antonio Cascioli

Officer Signature [Signature] Name and Title (print) Police Officer Carl Barton

Department Name Troy Police Department Phone # (248) 524-3477

WITNESSES

1. Name Michael Monacelli Address 2105 W. South Blvd., Troy, MI, 48098

Will testify to: Assistant Manager of store - advised of violation.

2. Name Matthew Thomas Arnold Address c/o 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: purchasing wine from Pamela Badgero.

3. Name Pamela Jean Badgero Address 1498 Grace, Rochester Hills, MI, 48309

Will testify to: selling the wine to Arnold without asking or attempting in any way to i.d. him.

4. Name Officer Antonio Cascioli Address 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: witnessing the violation.

5. Name Officer Carl Barton Address 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: witnessing the violation.

EVIDENCE

Location Held: Troy P.D. Property Room, tag #112822

1 bottle of Ernest & Julio Galio White Grenache wine.

INCIDENT REPORT

01	DATE 04/24/01	DAY TUE	SHIFT 09	PLATOON 95	BADGE 1 070	BADGE 2 042	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED E12 <input type="checkbox"/> EXTRACTION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01	INCIDENT NUMBER 14112			
	RECEIVED 2125	DISPATCHED	ARRIVED	COMPLETED 2230	DATE(S) OCCURRED 04/24/01	TIMES(S) OCCURRED 2125	ASSIGNED HOUR / DAY 211 TUE					
03	LOCATION 1 / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 2105 W. South Blvd						LOCATION 2 (INTERSECTING STREET) CROOKS					
04	CITY TROY	STATE MI	ZIP 48098	CODE L	BUSINESS NAME FARMER JACK		BUSINESS PHONE 248-879-3803					
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION GROCERY STORE				ESTAB CODE 0208	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input checked="" type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL 06	GEOGRAPHIC			
06	NATURE OF OFFENSE #1 LIVOR VIOLATION				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
07	NATURE OF OFFENSE #2				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY	
08	NATURE OF OFFENSE #3				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY	
09	NATURE OF OFFENSE #4				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY	OFFENSE COMMENTS

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE

V 10	CODE 148	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) ARNOLD, MATTHEW THOMAS	RAC WM	SEX M	DOB 04/21/82	AGE 19
I 11	ADDRESS 500	CITY TROY		STATE MI	ZIP 48084		
C 12	HOME PHONE	BUSINESS PHONE 524-3477	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. DEWY		

T 13	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL		
I	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN		NOT KNOWN 98 STRANGER 99 UNKNOWN			REL / OFF # /	FELONIOUS ASSAULT CIRCUMSTANCES
M 15	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER					

16	CODE 45	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) BADGERO, PAMELA JEAN	RAC WF	SEX F	DOB 04/14/55	AGE 46	
A 17	ADDRESS 1498	CITY ROCHESTER HILLS		STATE MI	ZIP 48309			
R 18	HOME PHONE N/P	BUSINESS PHONE	HEIGHT 5-6	WEIGHT 180	EYES BLK	HAIR COLOR / LENGTH / STYLE	BUILD MED	SKIN TONE LT
R 19	STATE MI	DRIVER'S LICENSE # B326676385290	SOC. SEC. #	SID #	FBI #			

E 20	PERSON COMMENTS / CLOTHING CASHIER #7		SUMMONS / CITATION NUMBER(S) 618111						
S 21	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
23	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> CLEAR <input type="checkbox"/> Y ARREST <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N INDICATOR <input type="checkbox"/> N/A	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> PER <input type="checkbox"/> MDT <input type="checkbox"/> TEL		

CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED										
24	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL	WHITE		
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.	ERNEST JULIO GALLA GREENADIE		
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG # 112822	LOCATION PROPERTY P.R.	LEIN / NOIC REF #				
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED		
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK PURCHASED BY STUDENT ENFORCEMENT AD						SEIZED DRUGS	TYPE	AMOUNT	MEAS
29	INVESTIGATING OFFICER(S) DPU / CASCIOLI / BARTON						REVIEWED BY: WLA # 724	ATTENTION TO:		

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285

ORI # M16378400

PERSON REPORT

SUPP ☐

PAGE 2 OF 3

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER		
	042401	TUE	02	99	042	070	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	011	14112		
COI	(1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITHN (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE											
V02	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE
	4		MONACELLI, MICHAEL						WM			
I03	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY		STATE	ZIP		
	2105		W. SOUTH BLVD.				TROY		MI	48098		
C04	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.						
		879-3803				ASST. STORE MGR.						
T05	VICTIM CONNECTED TO OFFENSE		VICTIM TYPE		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY		F <input type="checkbox"/> FATAL	
	1 <input type="checkbox"/> INDIVIDUAL 2 <input type="checkbox"/> BUSINESS		1 <input type="checkbox"/> INDIVIDUAL 2 <input type="checkbox"/> BUSINESS						N <input type="checkbox"/> NONE 8 <input type="checkbox"/> BROKEN BONE		M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	
I06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY		OUTSIDE FAMILY, BUT KNOWN						NOT KNOWN		REL / OFF #	
	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING		05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW		09 STEPPARENT 10 STEPCCHILD 11 STEPSIBLING 12 OTHER FAMILY		20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)		24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE		28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	
V08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE
I09	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY		STATE	ZIP		
C10	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.						
T11	VICTIM CONNECTED TO OFFENSE		VICTIM TYPE		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY		F <input type="checkbox"/> FATAL	
	1 <input type="checkbox"/> INDIVIDUAL 2 <input type="checkbox"/> BUSINESS		1 <input type="checkbox"/> INDIVIDUAL 2 <input type="checkbox"/> BUSINESS						N <input type="checkbox"/> NONE 8 <input type="checkbox"/> BROKEN BONE		M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	
I12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY		OUTSIDE FAMILY, BUT KNOWN						NOT KNOWN		REL / OFF #	
	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING		05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW		09 STEPPARENT 10 STEPCCHILD 11 STEPSIBLING 12 OTHER FAMILY		20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)		24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE		28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	
V13	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE
A15	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY		STATE	ZIP		
R16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE			
R17	STATE	DRIVER'S LICENSE #	SOC. SEC. #		SID #		FBI #					
E18	PERSON COMMENTS / CLOTHING						SUMMONS / CITATION NUMBER(S)					
S19	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1		ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER	
T20	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2		ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER	
21	ARREST TYPE	ON VIEW (No Warrant) SUMMONS (No Custody) CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN	DISP		
22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE
A23	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY		STATE	ZIP		
R24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE			
R25	STATE	DRIVER'S LICENSE #	SOC. SEC. #		SID #		FBI #					
E26	PERSON COMMENTS / CLOTHING						SUMMONS / CITATION NUMBER(S)					
S27	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1		ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER	
T28	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2		ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER	
29	ARREST TYPE	ON VIEW (No Warrant) SUMMONS (No Custody) CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN	DISP		
30	INVESTIGATING OFFICER(S):						REVIEWED BY:		ATTENTION TO:			

TROY POLICE DEPT.

500 W. Big Beaver, Troy, MI 48064

ORI #MI6378400

NARRATIVE REPORT☒ SUPP ☐ CORR ☐ DELETEPAGE 1 OF 1

DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
4/24/01	Tue	09	99	070		<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT		01	14112

Directed Patrol Unit conducting liquor compliance test sent in student enforcement aid Matthew Thomas Arnold w/m 04/21/82 (19 y/o) to the above location.

Arnold selected the listed bottle of Ernest and Julio Gallo wine and went to the register to purchase it. Officers watched as he presented the bottle for purchase. He did not present any identification to the clerk. The clerk did not ask for any identification and the sale was completed.

Officers spoke with the manager, Mike Monacelli and the clerk, Pamela Badgero. Badgero stated that she did not ask for identification and that she thought that he was at least 21. Badgero was issued a citation for furnishing/sell alcohol to minor. The store was issued a liquor violation, which will be filed with the Liquor Control Commission.

The wine was tagged and placed into evidence.

INVESTIGATING OFFICER(S)

C. Barton/A. Cascioli

REVIEWED BY

ASSIGNED TO/BADGE

ATTENTION TO

NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE PAGE 1 OF 1

01	DATE 04/24/01	DAY TUE	SHIFT 02	PLAT 99	BADGE 1 042	BADGE 2 070	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS 	YEAR 01	INCIDENT # 14112
----	------------------	------------	-------------	------------	----------------	----------------	---	----------------	------------	---------------------

02 Statement of: MATTHEW ARNOLD Home Phone: (248) 388-1069
(PLEASE PRINT)
03 Address: 500 W. Big Beaver Business Phone:
04 City: TROY State: MI Zip: 48098
05

06 I, MATTHEW ARNOLD, walked into Farmer JACKS AT South Blvd.
07 AND CROOKS AND went to the ALCOHOLIC BEVERAGE AREA AND PICKED
08 UP A bottle of WINE. I went to checkout #7 where A white
09 Female Approx. 50 years of AGE RANG the bottle up without ANY
10 Questions Asked OR FOR I.D. I THEN WALKED outside AND TURNED
11 The Bag with the bottle inside it over to the OFFICERS.
12
13
14
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22
23
24
25
26
27

X:

MATTHEW ARNOLD
(SIGNATURE)

28 Taken By: _____
(SIGNATURE)

29 Place: _____ Date: _____ Time: _____

INVESTIGATING OFFICER(S) REVIEWED BY ASSIGNED TO / BADGE ATTENTION TO
BARTON/CASCIOLI

NOTICE OF SCHEDULED HEARING
(Authorized by M.A.C R436.1909)
July 11, 2001

TO: TROY POLICE DEPARTMENT
500 W. BIG BEAVER
TROY, MI 48084

RE: BORMAN'S, INC
D/B/A FARMER JACK
SUPERMARKET #789
2105 W. SOUTH
TROY, MI 48098
Complaint No. 1-61054

A complaint has been filed against the above licensee alleging: SALE TO MINOR,
MATTHEW ARNOLD (19): April 24, 2001

This matter is being scheduled for hearing at the following location, date, and time:

LIQUOR CONTROL COMMISSION
24155 DRAKE ROAD
FARMINGTON, MI 48335-3168

MONDAY
AUGUST 13, 2001
10:00 A.M.

The officer(s) listed below are requested to attend the hearing and bring whatever evidence they have in connection with the case: ***Please review charges and witnesses on the attached Complaint and contact this office immediately if you have any questions.**

PO. Antonio Cascioli

Enclosed are subpoenas for the witnesses involved in this case. We request they be served by your agency. Please notify this office a minimum of three working days prior to the scheduled date of hearing if you are unable to serve the subpoenas.

MATTHEW ARNOLD
C/O TROY POLICE DEPARTMENT

Any request for postponement must be in writing and must be received **in this office no less than two working days prior to the date of the hearing** as required by Rule 434.1931 of the Hearings and Appeal Practice Rules. If you have any questions, contact the Hearings and Appeals Section at (517) 322-1390. Our office hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals Section

SKC:wls
enclosure

cc: PO. Antonio Cascioli



State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Liquor Control Commission
7150 Harris Drive
P.O. Box 30005
Lansing, Michigan 48909-7505
(517) 322-1345

August 6, 2001

FAX: 517-322-6347

THOMAS AUTH, JR.
ATTORNEY AT LAW
25800 NORTHWESTERN HWY, SUITE #1000
SOUTHFIELD, MI 48037-0222

RE: BORMAN'S, INC.
D/B/A FARMER JACK SUPERMARKET #789
2105 W SOUTH
TROY, MI 48098
COMPLAINT NO. 1-61054

Dear Mr. Auth:

At your request, the hearing in the above matter scheduled for **MONDAY, AUGUST 13, 2001** in **FARMINGTON** has been postponed. Your office will be advised of the rescheduled hearing date.

Should any questions arise regarding this matter, please contact this office at (517) 322-1390. Our hours are from 8:00 a.m. to 5:00 p.m., Monday thru Friday.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:cmg

(cc) Licensee
✓ Troy Police Department
PO Antonio Cascioli
Matthew T. Arnold % Troy Police Department
Home Office

MICHIGAN DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION
7150 HARRIS DRIVE
P.O. BOX 30005
LANSING, MI 48909



NOTICE OF SCHEDULED HEARING
(Authorized by M.A.C R436.1909)

August 17, 2001

TO: Chief of Police
Troy Police Department
500 W. Big Beaver
Troy, MI 48084

RE: Borman's, Inc.
d/b/a Farmer Jack Supermarket #789
2105 W. South
Troy, MI 48098
Complaint No. 1-61054

A complaint has been filed against the above licensee alleging: Sale to minor - Matthew T. Arnold (19). April 24, 2001.

This matter is being scheduled for hearing at the following location, date, and time:

OFFICES OF LIQUOR CONTROL COMMISSION
24155 DRAKE RD.
FARMINGTON, MI 48335-3168

Wednesday
September 12, 2001
10:00 a.m.

The officer(s) listed below are requested to attend the hearing and bring whatever evidence they have in connection with the case: *** Please review charges and witnesses on the attached Complaint and contact this office immediately if you have any questions.**

PO Antonio Cascioli

For your convenience, subpoena(s) are enclosed for your witnesses involved in this matter. Please ensure proper service. If any subpoenaed witnesses cannot be served as they reside outside of your department's jurisdiction, please forward to the police agency that does have jurisdiction. In any event, please notify this office if a subpoena has not been served within **5 business days** of the date of the scheduled hearing, or have the agency that is serving the subpoena for your department so notify this office at the number indicated below.

Matthew T. Arnold
c/o Troy Police Department

Any request for postponement must be in writing and must be received **in this office no less than two working days prior to the date of the hearing** as required by Rule 434.1931 of the Hearings and Appeal Practice Rules. If you have any questions, contact the Hearings and Appeals Section at (517) 322-1390 or FAX (517) 322-6347. Our office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday.

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals Section

SKC:tt

Enclosure

c: PO Antonio Cascioli



State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Liquor Control Commission
7150 Harris Drive
P.O. Box 30005
Lansing, Michigan 48909-7505
(517) 322-1345

October 19, 2001



DISMISSED
STUDENT AIDE
FTA

BORMAN'S, INC.
D/B/A FARMER JACK SUPERMARKET #789
2105 W. SOUTH
TROY, MI 48098

RE: Complaint No. 1-61054

Dear Licensee:

Enclosed is a copy of the Administrative Law Judge's Order in the above matter. We are closing our files accordingly.

Should any questions arise regarding this matter, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin

Susan K. Conklin
Supervisor

SKC:jcc

c: Troy Police Department
Atty. Thomas Auth, Jr.
Mailing address
Home office

STATE OF MICHIGAN

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: BORMAN'S, INC.

D/B/A FARMER JACK SUPERMARKET #789

2105 W. SOUTH

TROY, MI 48098

HEARING: SEPTEMBER 12, 2001

PLACE: FARMINGTON

COMPLAINT NO. 1-61054

BUSINESS I.D. #: 17412

SDM

CHARGES - April 24, 2001

- (1) Sell, furnish or give away alcoholic liquor to a person, one Matthew T. Arnold, date of birth April 21, 1982, who had not then attained the age of twenty-one (21) years, contrary to Const 1963, art 4, § 40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

The Administrative Law Judge accepted without objection, the Motion of Attorney Thomas Auth, that the appearance of a corporate officer, in this matter be waived, pursuant to the provisions of Rule R 436.1913(2), said waiver to be subject to the express agreement by said Attorney Auth, that he will inform the Licensed Corporation of the disposition in this matter.

Attorney Auth, entered a plea of denial to the charge stated in Case No. 1-61054 pursuant to Rule R 436.1909 of the Michigan Liquor Control Commission (MLCC).

Attorney Auth, moved that the charge be dismissed for lack of sufficient evidence to substantiate said charge when the main witness, to wit: Matthew Arnold, failed to appear for the hearing. Assistant Attorney General J. Courtney Smith, who represented all law

enforcement agencies in this matter, did not oppose said motion, explaining to the Administrative Law Judge that in his opinion it would not be possible to secure the presence of said witness, at this hearing or any future scheduled hearing on this matter.

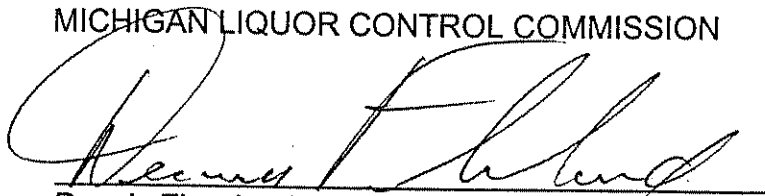
CONCLUSIONS OF LAW

The Administrative Law Judge concluded that the facts in this case could not be substantiated and, therefore, do not support the finding of a violation as cited in the charge in this Complaint.

ORDER

The Administrative Law Judge Orders the charge stated in the above Complaint DISMISSED for insufficient evidence.

MICHIGAN LIQUOR CONTROL COMMISSION


Dennis Flessland, Administrative Law Judge

Dated: October 9, 2001

J. Courtney Smith
Assistant Attorney General
24155 Drake Road
Farmington, MI 48335

Thomas L. Auth, Jr.
Attorney at Law
25800 Northwestern Highway
10th Floor, P.O. Box 222
Southfield, MI 48037-0222



City of
Troy

Charles T Craft, Chief of Police
500 West Big Beaver Road
Troy, Michigan 48084
(248) 524-3443

MEMORANDUM

SUPPORT SERVICES DIVISION

DATE: January 29, 2002

TO: Jackie, Law Dept

FROM: Sgt. George Zielinski

SUBJECT: Summons' Dispositions

Hi Jackie-
Can I get the Summons' Dispositions (if adjudicated) for the following Liquor violations? Thanks.

As requested!

Summons Number	Date	Defendant	Disposition
624951	04/24/01	Hejais, Hannah	Pled Guilty \$75 fine
618111	04/24/01	Badgero, Pamela	Pled Guilty \$50 fine
618112	05/03/01	Radzio, Andrzen	Pled Guilty \$250 fine
632133	08/17/01	Cocuzza, Angela	PUA 6 mo. Set for 6-10-02
618101	05/03/01	Almbida, Gleofas	Pled Guilty \$75 fine
618107	08/17/01	Choi, Mi	Pled Guilty \$150 fine
618102	08/17/01	Ducato, Joseph	Pled Guilty \$250 fine
632140	09/25/01	Chidyausiku, Rason	PUA 12 mo Set for 12-7-02
632142	09/25/01	Mikha, Luay	Pled Guilty \$50 fine
618108	09/25/01	Kaur, Rajandeep	Bench Trial 2-12-02 / Bolle
632144	10/05/01	Lawson, Chad	Pled Guilty \$250 fine

Jackie

MICHIGAN



500 West Big Beaver
Troy, Michigan 48084
Fax: (248) 524-0851
www.ci.troy.mi.us

February 15, 2002

Area code (248)

Assessing
524-3311

Bldg. Inspections
524-3344

Bldg. Maintenance
524-3368

City Clerk
524-3316

City Manager
524-3330

Community Affairs
524-1147

Engineering
524-3383

Finance
524-3411

Fire-Administration
524-3419

Human Resources
524-3339

Information Services
619-7279

Law
524-3320

Library
524-3545

Parks & Recreation
524-3484

Planning
524-3364

Police-Administration
524-3443

Public Works
524-3370

Purchasing
524-3338

Real Estate & Development
524-3498

Treasurer
524-3334

General Information
524-3300

Farmer Jack Supermarket #789
Borman's Inc.
2105 W South
Troy, Michigan 48098

Re: Liquor License: Farmer Jack Supermarket #789
2105 W South
Troy, Michigan 48098

Pursuant to Chapter 92, Section 9.84 of the Code of the City of Troy, a Public Hearing will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy, Michigan on Wednesday, February 27, 2002 at 7:30 PM, or as soon thereafter as the agenda will permit, to determine whether the City Council should recommend to the Michigan Liquor Control Commission, the revocation of licenses allowed for the sale and/or consumption of alcoholic beverage, for the following reasons:

License Type: SDM 18011-2000
Violation Name: Sale to Minor
Violation Date(s): April 24, 2001

You will be given an opportunity to be heard and present evidence at the public hearing and legal counsel may represent you. If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at 248-524-3320.

Sincerely,

Barbara A. Holmes
Deputy City Clerk



500 West Big Beaver
Troy, Michigan 48084
Fax: (248) 524-0851
www.ci.troy.mi.us

Area code (248)

Assessing
524-3311

Bldg. Inspections
524-3344

Bldg. Maintenance
524-3368

City Clerk
524-3316

City Manager
524-3330

Community Affairs
524-1147

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524-3364

Police-Administration
524-3443

Public Works
524-3370

Purchasing
524-3338

Real Estate & Development
524-3498

Treasurer
524-3334

General Information
524-3300

February 15, 2002

Thomas L. Auth, Jr.
Attorney at Law
25800 Northwestern Hwy. PO Box 222
Southfield, Michigan 48037-0222

Re: Liquor License: Farmer Jack Supermarket #789
2105 W South
Troy, Michigan 48037-0222

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Sincerely,

Barbara A. Holmes
Deputy City Clerk

Ruth's Chris Steak House
Prime Steak-Troy, L.L.C.
755 W Big Beaver
Troy MI 48084
Class C 8265-2000
SDM 18889-2000
Sale to Minor

LCC

Liquor Licensee History

Business name: **Ruth's Chris Steak House**

Address: 755 W. Big Beaver Rd. (248) 269-8424

Licensee: Prime Steak-Troy, L.L.C.

License type: **Class C (8265-2000) SDM (18889-2000)**

Permits: Sunday Sales, Dance, DirConn-3

Comments: Manager Joe Crowell (08/23/01); Fax Tx: 269-8570

Date	Troy Incident #	Type	Disposition	Date
01/10/99	99-01399	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/06/99	99-08769	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/16/99	99-27107	Compliance Test	PASSED	
11/23/99	none	Compliance Test	PASSED	
07/26/00	none	Compliance Test	PASSED	
10/25/00	00-39554	Compliance Test	PASSED	
11/17/00	00-42660	Compliance Test	PASSED	
11/30/00	00-44309	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
01/20/01	01-02346	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/22/01	01-09864	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
05/03/01	01-15389	Sale to Minor (Compliance Test)	\$500	07/14/01
06/12/01	01-20638	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/17/01	01-29613	Sale to Minor (Compliance Test)	\$750	10/31/01
09/05/01	01-32693	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/05/01	01-36172	Compliance Test	PASSED	
10/16/01	01-37334	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

RUTH'S CHRIS STEAK HOUSE
755 W BIG BEAVER RD

2001 INCIDENT HISTORY

Complaint Number	Report Date	Description
01-03401	01/26/01	Fraud-Goods and Services

RUTH'S CHRIS STEAK HOUSE
755 W BIG BEAVER RD

2001 INCIDENT HISTORY

Complaint Number	Report Date	Description
01-03401	01/26/01	Fraud-Goods and Services
01-15389	05/03/01	LCC Violation
01-29613	08/17/01	LCC Violation



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

* Officers Please Obtain This Information From The License *

License No. 8265-2001 SS
18889-2001

Business ID 5400

File #

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee Prime Steak - Troy 2. Doing Business As Ruth's Chris

3. Mailing Address (street, city, zip code) 755 W. Big Beaver Rd., Troy, MI, 48084

4. Township _____ 5. County Oakland

6. Type of License(s) & Permit(s) Class C / SDM / Sunday Sales / Dance / Dir-con-3

7. Date of Violation: Thursday 05/03/01 6:30 AM or PM
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 03/24/82 Was this a DECOY? ☒ Yes ☐ No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 01-15389

Officer Signature [Signature] Name and Title (print) Antonio Cascioli, Police Officer

Officer Signature [Signature] Name and Title (print) Carl Barton, Police Officer

Department Name Troy Police Department Phone # (248) 524-3477
LC-600 Rev. 4/99 4880-2362

WITNESSES

1. Name Peter Tambini Address 755 W. Big Beaver, Troy, MI, 48084

Will testify to: Director of Operations (spoke with officers).

2. Name Andrzej Radzio Address 42220 Parkside, Sterling Hts., MI, 48314

Will testify to: serving the minor alcohol without diligent inquiry.

3. Name Dyan Fair Address c/o 500 W. Big Beaver, Troy, MI, 48084

Will testify to: being served alcohol without diligent inquiry.

4. Name Gary Walton Address c/o 500 W. Big Beaver, Troy, MI, 48084

Will testify to: being present when Dyan Fair was served alcohol.

5. Name _____ Address _____

Will testify to: _____

EVIDENCE

Location Held: Troy Police Dept. Property Room, tag #112916

1 Polaroid photo of glass of wine served to Fair.

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285
ORI # MI6376400

INCIDENT REPORT

SUPP ☐

PAGE 1 OF 3

01	DATE 8.5.30	DAY Thu	SHIFT 09	PLATOON 99	BADGE 1 070	BADGE 2 042	LCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01	INCIDENT NUMBER 15389
02	RECEIVED 1.8.30	DISPATCHED -	ARRIVED -	COMPLETED 2320	DATE(S) OCCURRED 0.50.30	TIMES(S) OCCURRED 1.8.30	ASSIGNED HOUR / DAY 18 Thu			
03	LOCATION / ADDRESS 755 W B.6 BEAVER				LOCATION 2 (INTERSECTING STREET) I 75					
04	CITY Troy	STATE	ZIP	CODE	BUSINESS NAME Ruth's Chris Steakhouse	BUSINESS PHONE				
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION RESTAURANT				ESTAB CODE 8214	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> DISP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input type="checkbox"/> POP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL 07	GEOGRAPHIC	
06	NATURE OF OFFENSE #1 ORDINANCE VIOLATION				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/> WEAPON <input type="checkbox"/> # PREM <input type="checkbox"/> ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING	
07	NATURE OF OFFENSE #2				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/> WEAPON <input type="checkbox"/> # PREM <input type="checkbox"/> ACTIVITY		
08	NATURE OF OFFENSE #3				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/> WEAPON <input type="checkbox"/> # PREM <input type="checkbox"/> ACTIVITY		
09	NATURE OF OFFENSE #4				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/> WEAPON <input type="checkbox"/> # PREM <input type="checkbox"/> ACTIVITY	OFFENSE COMMENTS	

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITHN (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE

V 10	CODE 1	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) F.A.R. DYAN	RAC W	SEX F	DOB 03.24.82	AGE 19		
I 11	ADDRESS 500	(DIRECTION, STREET, SUFFIX, QUALIFIER) W. B.6 BEAVER		CITY Troy	STATE MI	ZIP 48064			
C 12	HOME PHONE	BUSINESS PHONE 524 3473	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. STUDENT ENFORCEMENT A.D.				
T 13	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> 1 INDIVIDUAL <input type="checkbox"/> 2 BUSINESS	F <input type="checkbox"/> FINANCIAL <input type="checkbox"/> 3 SOCIETY / PUBLIC <input type="checkbox"/> 4 OTHER <input type="checkbox"/> 5 POLICE OFFICER	VICTIM INJURY <input type="checkbox"/> 1 NONE <input type="checkbox"/> 2 BROKEN BONE <input type="checkbox"/> 3 MAJOR INJURY	M <input type="checkbox"/> MINOR INJURY <input type="checkbox"/> 4 POSS. INT. INJURIES <input type="checkbox"/> 5 SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> 6 UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL		
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY 01 SPOUSE 05 CHILD 09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY			OUTSIDE FAMILY, BUT KNOWN 20 ACQUAINTANCE 24 BOY / GIRL FRIEND 28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF # /	FELONIOUS ASSAULT CIRCUMSTANCES
M 15	02 CL SPOUSE 06 GRANDPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY			21 FRIEND 25 CHILD OF "BG" ABOVE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER			REL / OFF # /		

16	CODE 4.5	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) RADZIO ANDZEU	RAC W	SEX M	DOB 4.1.75	AGE 4.5	
A 17	ADDRESS 4220	(DIRECTION, STREET, SUFFIX, QUALIFIER) PARKSIDE		CITY STERLING HTS	STATE MI	ZIP 48314		
R 18	HOME PHONE	BUSINESS PHONE	HEIGHT 6'2"	WEIGHT 190	EYES BLU	HAIR COLOR / LENGTH / STYLE BRN	BUILD MED	SKIN TONE

R 19	STATE DRIVER'S LICENSE # MI R320067004298	SOC. SEC. #	SID #	FBI #					
E 20	PERSON COMMENTS / CLOTHING WAITER AT RUTH'S CHRIS STEAKHOUSE		SUMMONS / CITATION NUMBER(S) 618112						
S 21	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER

23	ARREST <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 13 <input type="checkbox"/> RIFLE 20 <input type="checkbox"/> LETHAL CUTTING INSTRUMENT (e.g. Switchblade Knives, etc.)	ARREST ORIGIN <input type="checkbox"/> DISP <input type="checkbox"/> FOP <input type="checkbox"/> PER <input type="checkbox"/> MDT <input type="checkbox"/> TEL
----	---	---	---	---	---	---

24	CODE E	DESCRIPTION POLAROID	PROPERTY TYPE	QUANTITY	YEAR	MAKE POLAROID	MODEL			
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D. POLAROID & WINE SEALED			
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG # 112916	LOCATION PROPERTY PR	LEIN / NCIC REF #				
27	REC BADGE	REC BADGE 2	LEO / RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED			
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK POLAROID & WINE SEALED TO STUDENT ENF. A.D.						SEIZED DRUGS	TYPE	AMOUNT	MEAS
29	INVESTIGATING OFFICER(S) C.A.S.C. 01 / 42 / BAYON 70						REVIEWED BY WLA #224	ATTENTION TO:		

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285
ORI # M1637B400

PERSON REPORT

SUPP ☐

PAGE 2 OF 3

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER
	05.03.01	THU	09	07	042		E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	01/15385	
CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTVY (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE										
V 02	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE
	84		WALTON GARY				W	M	01/12/82	19
I 03	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY		STATE	ZIP
	500		W B.6 BEAVER				TROY		MI	48064
C 04	HOME PHONE		BUSINESS PHONE		STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.	
			5240477						STUDENT ENT. ADE	
T 05	VICTIM CONNECTED TO OFFENSE		VICTIM TYPE		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION T <input type="checkbox"/> LOSS OF TEETH F <input type="checkbox"/> FATAL	
	<input type="checkbox"/> 01 <input type="checkbox"/> 03 <input type="checkbox"/> 02 <input type="checkbox"/> 04		<input type="checkbox"/> 1 INDIVIDUAL <input type="checkbox"/> 8 BUSINESS							
I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN				NOT KNOWN	
	01 SPOUSE 05 CHILD 09 STEPPARENT 20 ACQUAINTANCE 24 BOY / GIRL FRIEND 28 EMPLOYEE				02 CL SPOUSE 06 GRANDPARENT 10 STEPCHILD 21 FRIEND 25 CHILD OF "BG" ABOVE 29 EMPLOYER				98 STRANGER 99 UNKNOWN	
M 07	03 PARENT 07 GRANDCHILD 11 STEPSIBLING 22 NEIGHBOR 26 HOMOSEXUAL REL. 30 OTHERWISE KNOWN				04 SIBLING 08 IN-LAW 12 OTHER FAMILY 23 BABYSITTEE (baby) 27 EX-SPOUSE 31 VICTIM WAS OFFENDER				REL / OFF #	
V 08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE
	4		TAMBINI PETER				W	M		
I 09	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY		STATE	ZIP
	755		W B.6 BEAVER				TROY		MI	
C 10	HOME PHONE		BUSINESS PHONE		STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.	
									DIRECTOR OF OPERATIONS	
T 11	VICTIM CONNECTED TO OFFENSE		VICTIM TYPE		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION U <input type="checkbox"/> UNCONSCIOUSNESS	
	<input type="checkbox"/> 01 <input type="checkbox"/> 03 <input type="checkbox"/> 02 <input type="checkbox"/> 04		<input type="checkbox"/> 1 INDIVIDUAL <input type="checkbox"/> 8 BUSINESS							
I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN				NOT KNOWN	
	01 SPOUSE 05 CHILD 09 STEPPARENT 20 ACQUAINTANCE 24 BOY / GIRL FRIEND 28 EMPLOYEE				02 CL SPOUSE 06 GRANDPARENT 10 STEPCHILD 21 FRIEND 25 CHILD OF "BG" ABOVE 29 EMPLOYER				98 STRANGER 99 UNKNOWN	
M 13	03 PARENT 07 GRANDCHILD 11 STEPSIBLING 22 NEIGHBOR 26 HOMOSEXUAL REL. 30 OTHERWISE KNOWN				04 SIBLING 08 IN-LAW 12 OTHER FAMILY 23 BABYSITTEE (baby) 27 EX-SPOUSE 31 VICTIM WAS OFFENDER				REL / OFF #	
14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE
A 15	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY		STATE	ZIP
R 16	HOME PHONE		BUSINESS PHONE		HEIGHT		WEIGHT		EYES	
									HAIR COLOR / LENGTH / STYLE	
R 17	STATE		DRIVER'S LICENSE #		SOC. SEC. #		SID #		FBI #	
E 18	PERSON COMMENTS / CLOTHING				SUMMONS / CITATION NUMBER(S)					
S 19	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1		ARREST DATE		PLATOON		BADGE 1	
									BADGE 2	
T 20	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2		ARREST DATE		PLATOON		BADGE 1	
									BADGE 2	
21	ARREST TYPE		ON VIEW (No Warrant) SUMMONS (No Custody) CUSTODY (Warrant)		MULTIPLE ARREST INDICATOR		CLEAR INDICATOR		UPON ARREST	
									01 UNARMED 11 FIREARM 12 HANDGUN	
22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE
A 23	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY		STATE	ZIP
R 24	HOME PHONE		BUSINESS PHONE		HEIGHT		WEIGHT		EYES	
									HAIR COLOR / LENGTH / STYLE	
R 25	STATE		DRIVER'S LICENSE #		SOC. SEC. #		SID #		FBI #	
E 26	PERSON COMMENTS / CLOTHING				SUMMONS / CITATION NUMBER(S)					
S 27	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1		ARREST DATE		PLATOON		BADGE 1	
									BADGE 2	
T 28	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2		ARREST DATE		PLATOON		BADGE 1	
									BADGE 2	
29	ARREST TYPE		ON VIEW (No Warrant) SUMMONS (No Custody) CUSTODY (Warrant)		MULTIPLE ARREST INDICATOR		CLEAR INDICATOR		UPON ARREST	
									01 UNARMED 11 FIREARM 12 HANDGUN	
30	INVESTIGATING OFFICER(S)		REVIEWED BY:				ATTENTION TO:			
	C. SUTTON									

TROY POLICE DEPT.

500 W. Big Beaver, Troy, MI 48064

ORI #MI6378400

NARRATIVE REPORT☒ SUPP ☐ CORR ☐ DELETEPAGE 1 OF 1

DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
5/3/01	Thu	09	99	070	042	<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT		01	15389

Members of the Directed Patrol Unit conducted a liquor control compliance test at the above location using the listed student enforcement aides. Both of the enforcement aides were 19 years old at the time of the test.

The student enforcement aides entered the establishment and were seated at a table. The server, Andrzej Radzio, approached and asked if they wanted anything to drink. The female student enforcement aide asked for a glass of wine. The male student enforcement aide did not ask for anything.

A short time later, Radzio, returned with the glass of wine. Officers secured the scene and the student enforcement aides left the establishment. The managers were contacted as well as Radzio.

Officers spoke with Radzio who stated that he thought the female looked to be about 25 and thought the male looked to be about 16-17 years old. He stated that he usually asks for identification before serving alcohol. Radzio has been trained in the past about serving minors.

Radzio was issued a citation for serving alcohol to a minor without making diligent inquiry. A LCC violation report was filled out and filed with the commission.

Both the managers and Radzio were cooperative with officers during the investigation.

INVESTIGATING OFFICER(S)	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
Barton/Cascioli			

NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE PAGE 1 OF 1

01	DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
	050301	TU	CA	9A	224		<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT		01	15389

02	Statement of: Dyan Fair	Home Phone: 524-3977
03	(PLEASE PRINT)	
03	Address: 500 W. Big Beaver	Business Phone: "
04	City: Troy	State: MI Zip: 48084
05		

06 I, Dyan Fair, entered Ruths Chris
07 Steakhouse at 6:30 pm on May 3, 2001.
08 I ordered a glass of merlot wine &
09 the waiter who was app. 6'2" with
10 short blond hair (male) served me with-
11 out asking for any identification or
12 my birth date. My ~~partner~~ partner ~~seated~~
13 and I then left.

27	X: Dyan Fair	(SIGNATURE)
28	Taken By: W. Avery #224	
29	Place: 755 W. BIG BEAVER	Date: 05/03/01 Time: 1900
	INVESTIGATING OFFICER(S)	REVIEWED BY ASSIGNED TO / BADGE ATTENTION TO
	CASCIOLI / BARTON	

State of Michigan
Uniform Law Citation
US DOT #

TICKET NO. **NU 618112**

☐ Victim Involved

The People of: ☐ The State of Michigan
☐ Township ☒ City ☐ Village ☐ County

Incident No. **01-15389**
Local Use/Arrest No.

Dept. No. **84**
Detection Device

OF: **TROY**

THE UNDERSIGNED SAYS THAT ON:

Month **5** Day **3** Year **01** At approximately **0630** ☐ A.M. ☒ P.M. Date Month **4** Day **17** Year **98**

State **MI** Driver's License Number **R 320,067,004,298** Social Security No.

Race **W** Sex **M** Height **62** Weight **140** Hair **BRN** Eyes **BLU** Occupation/Employer **WATER / RUTH'S CHRIS**

Name (First, Middle, Last) **ANDRZEJ RADZIO**

Street **42220 PARKSIDE**

City **STERLING HTS.** State **MI** Zip Code **48314**

Vehicle Plate No. Year State Vehicle Description (Year, Make, Color) Type

THE PERSON NAMED ABOVE, in violation of ☒ Local Ordinance ☐ State Law ☐ Administrative Rule

UPON **755 W. BIG BEAVER**

AT OR NEAR **HTS.**

WITHIN ☒ CITY ☐ VILLAGE ☐ TOWNSHIP OF **TROY**

COUNTY OF **OAKLAND** DID THE FOLLOWING:

Type	MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input checked="" type="checkbox"/> Misd <input type="checkbox"/> Fel	9-7-3	FURNISH ALCHO. TO MINOR W/O DILIGENT INQ	1
<input type="checkbox"/> C/A <input type="checkbox"/> Warn <input type="checkbox"/> Fug <input type="checkbox"/> Waiv			
<input type="checkbox"/> C/A <input type="checkbox"/> Warn <input type="checkbox"/> Fug <input type="checkbox"/> Waiv			
<input type="checkbox"/> C/A <input type="checkbox"/> Warn <input type="checkbox"/> Fug <input type="checkbox"/> Waiv			
<input type="checkbox"/> C/A <input type="checkbox"/> Warn <input type="checkbox"/> Fug <input type="checkbox"/> Waiv			

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s) 1 2 3

Key for Type: C/A = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending

Remarks

NU 618112

CHECK IF APPROPRIATE ☐ Damage to Property ☐ Local Court Bond \$ ☐ License Posted In Lieu of Bond ☐ Appearance Certificate

Person in Active Military Service ☐ Yes ☒ No ☐ None

SEE DATE BELOW: SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS

☒ Appearance Date on or before **MAY 23 2001** ☒ Contact Court

Hearing Date (if applicable) on **0830** ☐ Juvenile Traffic Med. (Court will Notify) ☐ Formal Hearing Required (Court will Notify)

In the **52-4 DISTRICT** Court of **OAKLAND COUNTY**

Court Address & Phone Number

520 W. BIG BEAVER RD., TROY, MICHIGAN 48084

PHONE: (248) 528-0400

☒ I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable). I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and Title (if applicable) **CASCIOLI / BARTON** Month **5** Day **3** Year **01**

Officer's Name (printed) **CASCIOLI / BARTON** Officer's ID No. **042/70**

Agency ORI **MI-6378400** Agency Name **TROY POLICE DEPARTMENT**

UC-01a (rev. 11/95) Court Copy 1

PRESS - YOU ARE MAKING FIVE COPIES
ORDER BY FORM NO. M76 (Revised 11/95)
Doubleday Bros. & Co., Kalamazoo, MI (616) 381-1040, (800) 632-2259



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

* Officers Please Obtain This Information From The License *

Class C 8265-2001 SS
License No. SDM 18889-2001 Business ID 5400 File #

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee Prime Steak - Troy LLC 2. Doing Business As Ruth's Chris Steakhouse

3. Mailing Address (street, city, zip code) 755 W. Big Beaver Rd., Troy, 48084

4. Township _____ 5. County Oakland

6. Type of License(s) & Permit(s) Class C / SDM

7. Date of Violation: Friday 08/17/01 7:15 AM or PM
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 03/02/82 Was this a DECOY? ☒ Yes / ☐ No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 01-29613

Officer Signature [Signature] Name and Title (print) Officer Antonio Cascioli

Officer Signature [Signature] Name and Title (print) Officer Carl Barton

Department Name Troy Police Department Phone # (248) 524-3477

LC-600 Rev. 4/99 4880-2362

WITNESSES

1. Name Angela Bernadette Cocuzza Address 21719 Normandy, Eastpointe, MI, 48021

Will testify to: serving the beer without asking for identification.

2. Name Pamela Jeane McDonald Address c/o 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: being served the beer without being asked for identification.

3. Name Joe Crowell Address 755 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: Manager on Duty.

4. Name Officers Cascioli & Barton Address 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: violation.

5. Name _____ Address _____

Will testify to: _____

EVIDENCE

Location Held: Troy Police Department Property Room - tag #114278

1 - Polaroid photo of a bottle of Labatt's beer

INCIDENT REPORT

01	DA: 08/17/01	DAY: FRI	SHIFT: 02	PLATOON: 99	BADGE 1: 04	BADGE 2: 70	UCR STATUS: E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR: 01	INCIDENT NUMBER: 29613							
02	RECEIVED: 1915	DISPATCHED: 1915	ARRIVED: 1915	COMPLETED: 1930	DATE(S) OCCURRED: 08/17/01	TIMES(S) OCCURRED: 1915	ASSIGNED HOUR / DAY: 19 FRI									
03	LOCATION 1 / ADDRESS: 755 W. BIG BEAVER						LOCATION 2 (INTERSECTING STREET): 1-75									
04	CITY: TROY	STATE: MI	ZIP: 48084	CODE: L	BUSINESS NAME: RUTH'S CHRIS STEAKHOUSE			BUSINESS PHONE: 269-8570								
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION:				ESTAB CODE:	ORIGIN: <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> POP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED: <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL: 07	GEOGRAPHIC:							
06	NATURE OF OFFENSE #1: FURNISH ALCOHOL TO MINOR				ATT <input type="checkbox"/>	CRIME CLASS:	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense): B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING				
07	NATURE OF OFFENSE #2:				ATT <input type="checkbox"/>	CRIME CLASS:	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY					
08	NATURE OF OFFENSE #3:				ATT <input type="checkbox"/>	CRIME CLASS:	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY					
09	NATURE OF OFFENSE #4:				ATT <input type="checkbox"/>	CRIME CLASS:	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY	OFFENSE COMMENTS:				
CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE																
V 10	CODE: 1	VICT #:	NAME (LAST, FIRST, MIDDLE, SUFFIX): DPU / CASCIOLI / BARTON						RAC:	SEX:	DOB:	AGE:				
I 11	ADDRESS:		(DIRECTION, STREET, SUFFIX, QUALIFIER):						CITY:	STATE:	ZIP:					
C 12	HOME PHONE:		BUSINESS PHONE:		STATE:		DRIVER'S LICENSE #:		PERSON COMMENTS / OTHER I.D.:							
T 13	VICTIM CONNECTED TO OFFENSE: <input type="checkbox"/> 1 <input type="checkbox"/> 3		VICTIM TYPE: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS		F <input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY: <input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE <input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY		I <input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION <input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS <input type="checkbox"/> FATAL					
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY:				OUTSIDE FAMILY, BUT KNOWN:				NOT KNOWN: 98 STRANGER 99 UNKNOWN		REL / OFF #:		FELONIOUS ASSAULT CIRCUMSTANCES:			
M 15	01 SPOUSE 05 CHILD 09 STEPPARENT 20 ACQUAINTANCE 24 BOY / GIRL FRIEND 28 EMPLOYEE				02 CL-SPOUSE 06 GRANDPARENT 10 STEPCCHILD 21 FRIEND 25 CHILD OF "BS" ABOVE 29 EMPLOYER				03 PARENT 07 GRANDCHILD 11 STEPSIBLING 22 NEIGHBOR 26 HOMOSEXUAL REL. 30 OTHERWISE KNOWN		04 SIBLING 08 IN-LAW 12 OTHER FAMILY 23 BABYSITTEE (baby) 27 EX-SPOUSE 31 VICTIM WAS OFFENDER					
16	CODE: R.H.	OFF #:	NAME (LAST, FIRST, MIDDLE, SUFFIX): COCUZZA, ANGELA BERNADETTE						RAC:	SEX:	DOB: NF 11.16.76	AGE:				
A 17	ADDRESS: 21719		(DIRECTION, STREET, SUFFIX, QUALIFIER): NORMANDY AVE.						CITY: EASTPONTE	STATE: MI	ZIP: 48021					
R 18	HOME PHONE: 810-214-1283		BUSINESS PHONE: 248-269-8570		HEIGHT: 5-2		WEIGHT: 105		EYES: BRN		HAIR COLOR / LENGTH / STYLE: B.L.K. MED STR		BUILD: R.T.H. M.MED			
R 19	STATE: MI		DRIVER'S LICENSE #:		SOC. SEC. #:		SID #:		FBI #:							
E 20	PERSON COMMENTS / CLOTHING:						SUMMONS / CITATION NUMBER(S): 632133									
S 21	ARREST / SUMMONS DESCRIPTION: FURN. ALCO. TO MINOR				ARREST CHARGE 1:		ARREST DATE:		PLATOON:		BADGE 1:		BADGE 2:	FM:	DIS:	DEPARTMENT ARREST NUMBER:
T 22	ARREST / SUMMONS DESCRIPTION:				ARREST CHARGE 2:		ARREST DATE:		PLATOON:		BADGE 1:		BADGE 2:	FM:	DIS:	ARIS NUMBER:
23	ARREST TYPE: <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)		MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> CLEAR <input type="checkbox"/> CLEAR <input type="checkbox"/> CLEAR		UPON ARREST: <input type="checkbox"/> UNARMED <input type="checkbox"/> FIREARM <input type="checkbox"/> SHOTGUN <input type="checkbox"/> HANDGUN <input type="checkbox"/> OTHER FIREARM		13 <input type="checkbox"/> RIFLE <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)		20 <input type="checkbox"/> CLUB / BRASS KNUCKLES		ARREST ORIGIN: <input type="checkbox"/> FOP <input type="checkbox"/> PER <input type="checkbox"/> MDT <input type="checkbox"/> TEL					
CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED																
24	CODES: E	DESCRIPTION: PHOTO OF BEER.				PROPERTY TYPE:	QUANTITY: 01	YEAR:	MAKE:	MODEL:						
25	STYLE:	COLOR(S) TOP / BOTTOM:	MONTH:	YEAR:	STATE:	LICENSE:	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.:									
26	STOLEN:	DAMAGED:	RECOVERED:	PROPERTY TAG #:		LOCATION PROPERTY:		LEIN / NCIC REF #:								
27	REC BADGE:	REC BADGE 2:	LEO:	RECOVERY DATE:	NOTIFY BADGE:	NOTIFY DATE:	NOTIFY TIME:	PERSON / DEPARTMENT NOTIFIED:								
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK:										SEIZED DRUGS:	TYPE:	AMOUNT:	MEAS:		
29	INVESTIGATING OFFICER(S): DPU / CASCIOLI / BARTON						REVIEWED BY: WLA# 224		ATTENTION TO:							

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285

ORI # M16378400

PERSON REPORT

SUPP ☐

PAGE 2 OF 3

01	DATE 08.17.01	DAY FR	SHIFT 02	PLATOON 99	BADGE 1 042	BADGE 2 070	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> ARRESTED, NO CUSTODY	YEAR 01	INCIDENT NUMBER 29613					
CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE															
V 02	CODE 4	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) CROWELL, JOE					RAC WM	SEX M	DOB 35					
I 03	ADDRESS 755		(DIRECTION, STREET, SUFFIX, QUALIFIER) W. BIG BEAVER				CITY TROY		STATE MI	ZIP 48084					
C 04	HOME PHONE		BUSINESS PHONE 269-8570		STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D. GENERAL MGR RUTHS CHRIS.						
T 05	VICTIM CONNECTED TO OFFENSE 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/>		VICTIM TYPE 1 <input type="checkbox"/> INDIVIDUAL 2 <input type="checkbox"/> BUSINESS		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS F <input type="checkbox"/> FATAL						
I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY					OUTSIDE FAMILY, BUT KNOWN					NOT KNOWN 98 STRANGER 99 UNKNOWN				
M 07	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING					05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW					09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY				
V 08	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) MCDONALD, PAMELA SEANE					RAC WF	SEX F	DOB 3028219					
I 09	ADDRESS 500		(DIRECTION, STREET, SUFFIX, QUALIFIER) W. BIG BEAVER				CITY TROY		STATE MI	ZIP 48084					
C 10	HOME PHONE		BUSINESS PHONE 524-3477		STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D. DECOY						
T 11	VICTIM CONNECTED TO OFFENSE 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/>		VICTIM TYPE 1 <input type="checkbox"/> INDIVIDUAL 2 <input type="checkbox"/> BUSINESS		F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS		S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER		VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS F <input type="checkbox"/> FATAL						
I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY					OUTSIDE FAMILY, BUT KNOWN					NOT KNOWN 98 STRANGER 99 UNKNOWN				
M 13	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING					05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW					09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY				
14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE				
A 15	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY		STATE	ZIP					
R 16	HOME PHONE		BUSINESS PHONE		HEIGHT		WEIGHT		EYES		HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE		
R 17	STATE		DRIVER'S LICENSE #		SOC. SEC. #		SID #		FBI #						
E 18	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)									
S 19	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1		ARREST DATE		PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER			
T 20	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2		ARREST DATE		PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER			
21	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)		MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> CLEAR <input type="checkbox"/> Y ARREST <input type="checkbox"/> COUNTY <input type="checkbox"/> INDICATOR <input type="checkbox"/> N/A		UPON ARREST ARMED WITH (ENTER "A" IF AUTO)		01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT		DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL			
22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE				
A 23	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY		STATE	ZIP					
R 24	HOME PHONE		BUSINESS PHONE		HEIGHT		WEIGHT		EYES		HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE		
R 25	STATE		DRIVER'S LICENSE #		SOC. SEC. #		SID #		FBI #						
E 26	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)									
S 27	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1		ARREST DATE		PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER			
T 28	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2		ARREST DATE		PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER			
29	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)		MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> CLEAR <input type="checkbox"/> Y ARREST <input type="checkbox"/> COUNTY <input type="checkbox"/> INDICATOR <input type="checkbox"/> N/A		UPON ARREST ARMED WITH (ENTER "A" IF AUTO)		01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT		DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL			
30	INVESTIGATING OFFICER(S)					REVIEWED BY:			ATTENTION TO:						

TROY POLICE DEPT.

500 W. Big Beaver, Troy, MI 48064

ORI #MI6378400

NARRATIVE REPORT

☒ SUPP ☐ CORR ☐ DELETE

PAGE 1 OF 1

01	DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
	8/17/01	WED	09	99	070		<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT		01	29613**

MEMBERS OF THE DIRECTED PATROL UNIT WERE CONDUCTING A LIQUOR COMPLIANCE TEST AT THE ABOVE LOCATION. THE STUDENT ENFORCEMENT AIDES THAT WERE AT THE LOCATION WERE PAMELA JEANE MCDONALD WF, 030282 AND ANTHONY JOSEPH LAMERTO W/M, 031783.

THE STUDENT ENFORCEMENT AIDES ENTERED AND SAT AT A TABLE IN THE BAR. A W/F LATER IDENTIFIED ANGELA BERNADETTE COCUZZA APPROACHED THEM AND ASKED WHAT THEY WOULD LIKE TO DRINK. MCDONALD ASKED FOR A LABATT BEER. COCUZZA DID NOT ASK FOR ID OR AGE. LAMERATO ORDERED WATER. A SHORT TIME LATER, COCUZZA RETURNED WITH THE BEER AND THE WATER.

AFTER BEING SERVED THE BEER, MCDONALD NOTIFIED OFFICERS AND WE SECURED THE DRINK AND THE STUDENT ENFORCEMENT AIDES LEFT THE BAR. BARTON MADE CONTACT WITH THE MANAGEMENT AND EXPLAINED WHAT HAD JUST OCCURRED. OFFICERS WERE IN THE BAR AND WITNESSED THE SERVICE.

I SPOKE WITH COCUZZA AND ASKED WHAT SHE THOUGHT THE AGE OF THE GIRL WAS THAT ORDERED THE BEER WAS. SHE STATED THAT SHE THOUGHT SHE WAS ABOUT HER OWN AGE - ABOUT 24. SHE STATED THAT SHE MADE A JUDGEMENT CALL ON AGE AND ADMITTED THAT SHE DID NOT ASK FOR IDENTIFICATOIN. SHE THOUGHT THAT THE STUDENT ENFORCEMENT AID WAS OVER THE AGE OF 21.

COCUZZA WAS ISSUED CITATION # 632133 FOR SERVING ALCOHOL TO A PERSON UNDER 21 WITH OUT MAKING A DILIGENT INQUIRY. A LCC VIOATION WAS FILLED OUT AND FILED.

THE MANAGEMENT AND BARTENDER WERE ALL COOPERATIVE WITH OFFICERS.

INVESTIGATING OFFICER(S) C, BARTON 070 A. <i>mo</i> CASCIOLI 42	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE PAGE 1 OF 1

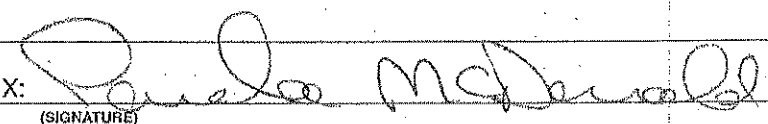
01	DATE 8/17/91	DAY FRI	SHIFT 97	PLAT 97	BADGE 1	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 91	INCIDENT # 29613
----	-----------------	------------	-------------	------------	---------	---------	---	------------	------------	---------------------

02 Statement of: 3-2-82 Pamela McDonald Home Phone: 810-739-3118

03 Address: (PLEASE PRINT) 500 W. Big Beaver Business Phone:

04 City: Troy State: MI Zip: 48068

05 I, Pamela McDonald entered Ruth's
06 Chris Steak house along with
07 Anthony Damerata at 7:15 pm on
08 8-17-01. We entered the bar area
09 I sat at a table that was next
10 to the door. A short asian women
11 with black hair asked us what we
12 wanted. Anthony asked for a water
13 and I asked for a Labatt Blue.
14 The waitress then gave me the
15 drink without asking me for I.D.
16 Officers responded and we left
17 the bar.

18
19
20
21
22
23
24
25
26
27 X: 
(SIGNATURE)

28 Taken By: Wolk
(SIGNATURE)

29 Place: STATION Date: 8-17-01 Time: 2300

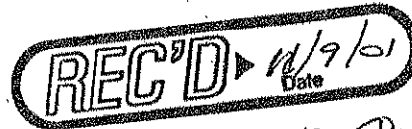


State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Liquor Control Commission
7150 Harris Drive
P.O. Box 30005
Lansing, Michigan 48909-7505
(517) 322-1345

November 7, 2001



Prime Steak-Troy, L.L.C.
d/b/a Ruth's Chris Steakhouse
755 W. Big Beaver
Troy, MI 48084

RE: Complaint No. 1-64670

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check, or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than December 10, 2001 as indicated on your Invoice No. 77605. Failure to submit the fine will result in confiscation of your license for the alternative penalty.

Should you wish to appeal the decision, a request for an appeal, accompanied by a fee of \$25, must be received in this office within 20 days from the mailing date of this Order. **IN FILING FOR AN APPEAL, YOU MUST STATE YOUR REASONS FOR REQUESTING THE APPEAL OR YOUR REQUEST WILL NOT BE HONORED.**

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:tt

Enclosures

c: Troy PD

STATE OF MICHIGAN

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: PRIME STEAK-TROY, L.L.C.
D/B/A RUTH'S CHRIS STEAKHOUSE
755 W. BIG BEAVER
TROY, MI. 48084

COMPLAINT NO. 1-64670
BUSINESS I.D. NO. 5400

CLASS C SDM

CHARGE - August 17, 2001

- (1) Sell, furnish or give away alcoholic liquor to a person, one Pamela McDonald, who had not then attained the age of twenty-one (21) years, contrary to Const. 1963, Art. 4, §40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

The Commissioner finds as fact that based upon the signature of J. Stan Harris, a member of the above named Licensed Limited Liability Company, on the Waiver and Acknowledgment form of the Michigan Liquor Control Commission (MLCC), the aforementioned Licensee in this case voluntarily waived right to contest the cited allegation in this matter and, further, waived right to a hearing and entered a plea of acknowledgment to the one charge stated in Case No. 1-64670 pursuant to Rule 436.1907 of the MLCC.

The Commissioner further accepts the Violation Report of this case and attachments therein and a True Copy of the prior record of this Licensee since being licensed by the MLCC at the above named location under the current ownership as

evidence in lieu of testimony in this matter.

The Commissioner believes and finds as fact, on the bases of the Violation Report and attachments therein, that Pamela McDonald, while under the direction of the Troy Police Department, entered the above named licensed establishment during August 17, 2001 and was served alcoholic liquor by an employee of the above-named Licensee without showing proper proof of age.

The Commissioner further finds that the employee of the above-named Licensee in this case did not demand, nor was shown, proper proof of age and did not make a diligent inquiry to determine the proper true age of the purchaser.

The Commissioner further believes and finds as fact, on the bases of the Violation Report and attachments therein, that Pamela McDonald was 19 years of age at the time of this incident.

The Commissioner took under consideration for mitigative circumstances a signed written statement submitted by the above-named Stan Harris which stated, in part, that the employee involved in this case has been disciplined as a result of this incident, which outlined the training requirements of the Licensee, and which included successful decoy operation letters from the Troy Police Department.

CONCLUSIONS OF LAW

Based upon the aforementioned Acknowledgment and Findings of Fact, the Commissioner concludes that the Licensee in Case No. 1-64670 did violate MCL 436.1801(2), as cited.

ORDER

In determining penalty for the charge for which a violation was found, the Commissioner considered the Licensee's total record which shows one prior violation which is similar to the one in this Complaint, and which occurred in May, 2001, since being licensed by the MLCC on May 16, 1996 at the above named location under the current ownership.

The Commissioner, therefore, Orders a fine of \$750.00 as penalty in this matter. The Commissioner further Orders that a suspension of 37 days be imposed if the fine is not paid.

MICHIGAN LIQUOR CONTROL COMMISSION

Dated: October 31, 2001


James M. Storey, Commissioner



State of Michigan
John Engler, Governor

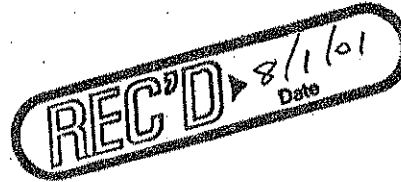
Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Liquor Control Commission
7150 Harris Drive
P.O. Box 30005
Lansing, Michigan 48909-7505
(517) 322-1345

July 26, 2001

(517) 322-1390
FAX (517) 322-6347

PRIME STEAK-TROY, L.L.C.
D/B/A RUTH'S CHRIS STEAKHOUSE
755 W. BIG BEAVER
TROY, MI 48084



RE: Complaint No. 1-61841

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a **bank or postal money order or certified check** payable to the STATE OF MICHIGAN must be received in this office no later than August 27, 2001 as indicated on your Invoice No. 75992. Failure to submit the fine will result in confiscation of your license for the alternative penalty.

Should you wish to appeal the decision, a request for an appeal, accompanied by a fee of \$25, must be received in this office within 20 days from the mailing date of this Order. **IN FILING FOR AN APPEAL, YOU MUST STATE YOUR REASONS FOR REQUESTING THE APPEAL OR YOUR REQUEST WILL NOT BE HONORED.**

If there are any questions regarding this Order, please contact Terri at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:tt

Enclosures

c: ☒ Troy PD

STATE OF MICHIGAN

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: PRIME STEAK-TROY, L.L.C.
D/B/A RUTH'S CHRIS STEAKHOUSE
755 W. BIG BEAVER
TROY, MI. 48084

COMPLAINT NO. 1-61841
BUSINESS I.D. NO. 5400
CLASS C SDM

CHARGE - May 3, 2001

- (1) Sell, furnish or give away alcoholic liquor to a person, one Dyan Fair, who had not then attained the age of twenty-one (21) years, contrary to Const. 1963, Art. 4, §40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

The Commissioner finds as fact that based upon the signature of Stan Harris, a member of the above named Licensed Limited Liability Company, on the Waiver and Acknowledgment form of the Michigan Liquor Control Commission (MLCC), the aforementioned Licensee in this case voluntarily waived right to contest the cited allegation in this matter and, further, waived right to a hearing and entered a plea of acknowledgment to the one charge stated in Case No. 1-61841 pursuant to Rule 436.1907 of the MLCC.

The Commissioner further accepts the Violation Report of this case and attachments therein and a True Copy of the prior record of this Licensee since being licensed by the MLCC at the above named location under the current ownership as evidence in lieu of testimony in this matter.

The Commissioner believes and finds as fact, on the bases of the Violation Report and attachments therein, that Dyan Fair, while under the direction of the Troy Police Department, entered the above named licensed establishment during May 3, 2001 and was served alcoholic liquor by an employee of the above-named Licensee without showing proper proof of age.

The Commissioner further finds that the employee of the above-named Licensee in this case did not demand, nor was shown, proper proof of age and did not make a diligent inquiry to determine the proper true age of the purchaser.

The Commissioner further believes and finds as fact, on the bases of the Violation Report and attachments therein, that Dyan Fair was 19 years of age at the time of this incident.

The Commissioner took under consideration for mitigative circumstances a signed written statement submitted to the MLCC by the above-named Stan Harris.

CONCLUSIONS OF LAW

Based upon the aforementioned Acknowledgment and Findings of Fact, the Commissioner concludes that the Licensee in Case No. 1-61841 did violate MCL 436.1801(2), as cited.

ORDER

In determining penalty for the charge for which a violation was found, the Commissioner considered the Licensee's total record which shows no prior violation

PRIME STEAK-TROY, L.L.C.
D/B/A RUTH'S CHRIS STEAKHOUSE

COMPLAINT NO. 1-61841
PAGE 3

since being licensed by the MLCC on May 16, 1996 at the above named location under the current ownership.

The Commissioner, therefore, Orders a fine of \$500.00 as penalty in this matter. The Commissioner further Orders that a suspension of 25 days be imposed if the fine is not paid.

MICHIGAN LIQUOR CONTROL COMMISSION

Dated: July 14, 2001



Ena Weathers, Commissioner



City of
Troy

Charles T Craft, Chief of Police
500 West Big Beaver Road
Troy, Michigan 48084
(248) 524-3443

MEMORANDUM

SUPPORT SERVICES DIVISION

DATE: January 29, 2002

TO: Jackie, Law Dept

FROM: Sgt. George Zielinski

SUBJECT: Summons' Dispositions

Hi Jackie-

Can I get the Summons' Dispositions (if adjudicated) for the following Liquor violations? Thanks.

As requested!

Summons Number	Date	Defendant	Disposition
624951	04/24/01	Hejais, Hannah	Pled Guilty \$75 fine
618111	04/24/01	Badgero, Pamela	Pled Guilty \$50 fine
618112	05/03/01	Radzio, Andrzen	Pled Guilty \$250 fine
632133	08/17/01	Cocuzza, Angela	PUA 6 mo. Set for 6-10-02
618101	05/03/01	Almbida, Gleofas	Pled Guilty \$75 fine
618107	08/17/01	Choi, Mi	Pled Guilty \$150 fine
618102	08/17/01	Ducato, Joseph	Pled Guilty \$250 fine
632140	09/25/01	Chidyausiku, Rason	PUA 12 mo Set for 12-7-02
632142	09/25/01	Mikha, Luay	Pled Guilty \$50 fine
618108	09/25/01	Kaur, Rajandeep	Bench Trial 2-12-02 / Bolle
632144	10/05/01	Lawson, Chad	Pled Guilty \$250 fine

Jackie

Bottle & Cork Wine Shop
Bottle & Cork Wine Shop, Inc.

1660 John R

Troy MI 48084

SDD 18683-2000 & SDM 11018-2000

Sale to Minor

LCC

Liquor Licensee History

Business name: **Bottle & Cork Wine Shop**

Address: 1660 John R (248) 689-0244

Licensee: Bottle & Cork Wine Shop, Inc.

License type: **SDD (18683-2000) SDM (11018-2000)**

Permits: Sunday Sales

Comments:

Date	Troy Incident #	Type	Disposition	Date
04/22/91		Council approves transfer of license		
11/04/92	92-33946	Sale to Minor (Compliance test)	\$200 fine	04/15/93
05/12/94		MLCC approves status change to Corporation		
03/17/99	99-10151	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
05/05/99	99-16637	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/22/99	99-23609	Compliance Test	PASSED	
07/20/99	99-27602	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
09/07/99	99-34536	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/27/99	none	Compliance Test	PASSED	
10/28/99	99-41398	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/25/00	none	Compliance Test	PASSED	
11/15/00	00-42345	Compliance Test	PASSED	
02/07/01	01-04515	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
04/20/01	01-13522	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/10/01	01-28532	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/14/01	01-29106	Compliance Test	PASSED	
09/01/01	01-31455	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
09/25/01	01-34459	Sale to Minor (Compliance Test)	pending	

10/25/01	01-38525	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/15/01	MLCC	Sale to Minor (MLCC Operation)	\$500	02/01/02
01/20/02	02-02146	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

**BOTTLE & CORK PARTY STORE
1660 JOHN R RD**

2001 INCIDENT HISTORY

Complaint Number	Report Date	Description
01-34459	09/25/01	LCC Violation
MLCC	11/15/01	LCC Violation
01-42214	11/24/01	Private Property Damage Accident

DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION
7150 Harris Drive
P. O. Box 30005
Lansing, MI 48909

NOTIFICATION OF VIOLATION REPORT
(Authorized by MAC R436.1905)



TO: City of Troy Police Department
500 West Big Beaver Road
Troy, MI 48083

Date: Nov 16, 2001

This is to advise you that a violation has been submitted by investigators of the Liquor Control Commission charging the below named licensee with: sale of alcoholic beverages to a person less than 21 years of age in violation of R436.1801 Sec. 801 (2) (under age purchaser of the Commission)

on Thursday, November 15, 2001 at 2:48 PM.

Licensee: Bottle and Cork Wine Shop, Inc

Address: 1660 John R, Troy, MI 48048

You will be notified of the disposition of this alleged violation after a hearing has been held and a decision made. If you have any question contact the Enforcement Section at (517) 322-1370.

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285

ORI # MI6378400

INCIDENT REPORT

SUPP 1

PAGE 102

01	DATE 09.25.01	DAY TUE	SHIFT 09	PLATOON 99	BADGE 1 07	BADGE 2 0042	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01	INCIDENT NUMBER 34459		
	RECEIVED 1930	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED 09.25.01			TIMES(S) OCCURRED 1930		ASSIGNED HOUR / DAY 19 TUE		
03	LOCATION / ADDRESS 1660 John R					LOCATION 2 (INTERSECTING STREET)						
04	CITY Troy	STATE MI	ZIP	CODE L	BUSINESS NAME BOTTLE + CORK				BUSINESS PHONE			
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION PARTY STORE				ESTAB CODE 810	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> FOP	<input type="checkbox"/> PERSON <input type="checkbox"/> OTHER	<input type="checkbox"/> 911 <input type="checkbox"/> MDT	HOW ACTIVATED <input type="checkbox"/> FOP <input type="checkbox"/> DISP	PATROL 04	GEOGRAPHIC	
06	NATURE OF OFFENSE #1 LCC VIOLATION				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	#PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN F OPERATING / PROMOTING / ASSISTING G POSSESSING / CONCEALING H TRANSPORTING / TRANSMITTING / IMPORTING I USING / CONSUMING
07	NATURE OF OFFENSE #2 ORDINANCE VIOLATION				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	#PREM	ACTIVITY	
08	NATURE OF OFFENSE #3				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	#PREM	ACTIVITY	
09	NATURE OF OFFENSE #4				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	#PREM	ACTIVITY	OFFENSE COMMENTS

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE

10	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) LAMERATO ANTHONY	RAC W	SEX M	DOB 03/17/83	AGE 19		
11	ADDRESS 500 W B.C BEAVER			CITY Troy		STATE	ZIP		
12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. STUDENT ENT A.D.				
13	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY 01 SPOUSE 05 CHILD 09 STEPPARENT 02 CL SPOUSE 06 GRANDPARENT 10 STEPCCHILD 03 PARENT 07 GRANDCHILD 11 STEPSIBLING 04 SIBLING 08 IN-LAW 12 OTHER FAMILY			OUTSIDE FAMILY, BUT KNOWN 20 ACQUAINTANCE 24 BOY / GIRL FRIEND 28 EMPLOYEE 21 FRIEND 25 CHILD OF "BG" ABOVE 29 EMPLOYER 22 NEIGHBOR 26 HOMOSEXUAL REL. 30 OTHERWISE KNOWN 23 BABYSITTE (baby) 27 EX-SPOUSE 31 VICTIM WAS OFFENDER			NOT KNOWN 88 STRANGER 99 UNKNOWN	REL / OFF # _____ _____ _____	FELONIOUS ASSAULT CIRCUMSTANCES

16	CODE 45	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) MIKHA LUAY JOURY-TORIA ALKAS	RAC W	SEX M	DOB 09.08.60	AGE 31	
17	ADDRESS 7117 TIMBERVIEW TRAIL			CITY W. Bloomfield		STATE MI	ZIP 48322	
18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE

19	STATE DRIVER'S LICENSE # MIA422560443699	SOC. SEC. #	SID #	FBI #
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20	PERSON COMMENTS / CLOTHING ASST MGR - CLERK	SUMMONS / CITATION NUMBER(S) 632142
----	--	--

21	ARREST / SUMMONS DESCRIPTION Furnish Alcohol to minor	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER

23	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input checked="" type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST 01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN (ENTER "A" IF AUTO)	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
----	--	--	---	---	---	--	---	--

CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED

24	DESCRIPTION 32 02 BOTTLE	PROPERTY TYPE	QUANTITY	YEAR	MAKE Budweiser	MODEL Beer
----	-----------------------------	---------------	----------	------	-------------------	---------------

25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.
----	-------	-----------------------	-------	------	-------	---------	--

26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG # 114791	LOCATION PROPERTY PR.	LEIN / NCIC REF #
----	--------	---------	-----------	--------------------------	--------------------------	-------------------

27	BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED
----	-------	-------------	-----	---------------	--------------	-------------	-------------	------------------------------

28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK SOLD TO LAMERATO BY MIKHA			SEIZED DRUGS	TYPE	AMOUNT	MEAS
----	--	--	--	--------------	------	--------	------

29	INVESTIGATING OFFICER(S) C. Bortol A. Casoli 30 42	REVIEWED BY:	ATTENTION TO:
----	--	--------------	---------------

TROY POLICE DEPT.

500 W. Big Beaver, Troy, MI 48064

ORI #MI6378400

NARRATIVE REPORT☒ SUPP ☐ CORR ☐ DELETEPAGE 1 OF 1

DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
9/25/01	Tue	09	99	070		<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT		01	34459

Directed Patrol Unit conducting liquor compliance test sent in student enforcement aid Anthony Lamerato w/m 03/17/83 (19 y/o) to the above location.

Lamerato selected the listed Budweiser beer and went to the register to purchase it. The clerk did not ask for any identification and the sale was completed.

Officers spoke with the assistant store manager, who is also the person who made the sale, Luay Joury-Tobia Alkas Mikha. Mikha stated that he did not ask for identification and that he thought that the student enforcement aid was at least 30. He stated that he was busy and thought about asking for ID but failed to. Officer Cascioli did not see any people in line at the time the sale was conducted. Mikha was issued a citation for furnishing/sell alcohol to minor. The store was issued a liquor violation, which will be filed with the Liquor Control Commission.

The beer was tagged and placed into evidence.

INVESTIGATING OFFICER(S)

C. Barton/A. Cascioli

REVIEWED BY

ASSIGNED TO/BADGE

ATTENTION TO

NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE PAGE 1 of 1

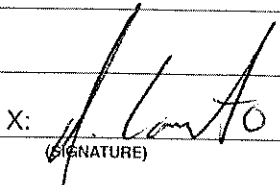
01	DATE 09/25/01	DAY TUE	SHIFT 09	PLAT 99	BADGE 1 070	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 01	INCIDENT # 34459
----	------------------	------------	-------------	------------	----------------	---------	---	------------	------------	---------------------

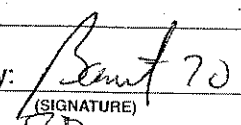
0 Statement of: Anthony Lamerato Home Phone: (248) 524-3433

03 Address: 500 W Big Beaver Business Phone:

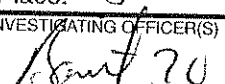
04 City: Troy State: MI Zip:

06 I (Anthony Lamerato) approached the counter
07 with a 132 oz. Budweiser and the
08 male cashier asked no questions and I
09 then paid for it.

27 X:  (SIGNATURE)

28 Taken By:  (SIGNATURE)

29 Place: 500 Date: 9-25-01 Time: 2230

INVESTIGATING OFFICER(S) 	REVIEWED BY	ASSIGNED TO / BADGE	ATTENTION TO
--	-------------	---------------------	--------------



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

*** Officers Please Obtain This Information From The License ***

License No. SDD-18683-2001 SS Business ID 12834 File # _____

SDM 11018-2001

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee BOTTLE & CORK WINE SHOP 2. Doing Business As BOTTLE & CORK WINE SHOP

3. Mailing Address (street, city, zip code) 1660 JOHN R

4. Township _____ 5. County OAKLAND

6. Type of License(s) & Permit(s) SDD, SDM, SUNDAY SALES

7. Date of Violation: TUE. 9-25-01 7:30 AM or PM
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 3-17-83 Was this a DECOY? ☒ Yes ☐ No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 61-34459

Officer Signature _____

Name and Title (print) ANTONIO CASCIOLI (OFFICER)

Officer Signature _____

Name and Title (print) CARL BARTON (OFFICER)

Department Name TROY P.D.

Phone # 524-3477

OWNER

WITNESSES

1. Name LUAY-JOURY-TOBIA ALKAS MIKHA Address 7117 TIMBERVIEW, WEST BLOOMFIELD
48322

Will testify to: SELLING THE BOTTLE OF BUDWEISER TO THE DECOY W/O
ASKING FOR I.D.

2. Name _____ Address _____

Will testify to: _____

3. Name _____ Address _____

Will testify to: _____

4. Name _____ Address _____

Will testify to: _____

5. Name _____ Address _____

Will testify to: _____

EVIDENCE

Location Held: 1 3202 BOTTLE OF BUDWEISER IN TROY

EVIDENCE LOCK-UP

Uniform Law Citation		N# 632142		<input type="checkbox"/> Vic <input type="checkbox"/> Invol
US DOT #		Incident No. 01-34459		Dept. No.
The People of: <input type="checkbox"/> the State of Michigan <input type="checkbox"/> Township <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> County		Local Use/Arrest No.		Detection Device
OF: TROY		BAC		1 or
THE UNDERSIGNED 9 Month 25 Day 01 Year		At approximately 730 A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/>		Date Month 9 Day 8 Year 01
SAYS THAT ON:		State MI Driver's License Number A 422 560 443 659		Social Security No.
Race W Sex M Height 5 Weight 160 Hair B Eyes B Occupation/Employer				
Name (First, Middle, Last) LUAY JOURY-TOBIA ALKAS MIKHA				
Street 7117 TIMBEAVEN RD				
City W. HONOLULU		State HI		Zip Code 96822
Vehicle Plate No.		Year	State	Vehicle Description (Year, Make, Color) Type
THE PERSON NAMED ABOVE, in violation of <input type="checkbox"/> Local Ordinance <input type="checkbox"/> State Law <input type="checkbox"/> Administrative F				
UPON 1600 JOHN R BOTTLE + CORK				
AT OR NEAR TROY				
WITHIN <input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWNSHIP OF TROY				
COUNTY OF OAKLAND DID THE FOLLOWING				
MCL Cite/PACC Code/ Ordinance				
Type		Description (include any bond amount collected on each charge)		
<input checked="" type="checkbox"/> C/I	<input type="checkbox"/> Warn	<input type="checkbox"/> Authorization pend.	9.77.3 SALE ALCOHOL TO MINOR	
<input type="checkbox"/> Misd	<input type="checkbox"/> Fug	<input type="checkbox"/> Authorization pend.	W/O DILIGENT INQUIRY	
<input type="checkbox"/> Fel	<input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend.		
<input type="checkbox"/> C/I	<input type="checkbox"/> Warn	<input type="checkbox"/> Authorization pend.		
<input type="checkbox"/> Misd	<input type="checkbox"/> Fug	<input type="checkbox"/> Authorization pend.		
<input type="checkbox"/> Fel	<input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend.		
TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.				
Offense Code(s)				
1 2 3				
Key for Type: C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fug Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending				
Remarks				
CHECK IF APPROPRIATE <input type="checkbox"/> Damage to Property <input type="checkbox"/> Local Court Bond \$				
<input type="checkbox"/> Vehicle Impounded <input type="checkbox"/> Injury <input type="checkbox"/> License Posted In Lieu of Bond				
<input type="checkbox"/> Traffic Crash <input type="checkbox"/> Death <input type="checkbox"/> Appearance Certificate				
Person in Active Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None				
SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS				
<input checked="" type="checkbox"/> Appearance Date on or before 10-17-01 830AM				
<input type="checkbox"/> Hearing Date (if applicable) on <input type="checkbox"/> Contact Court				
<input type="checkbox"/> Juvenile Traffic Misd. (Court will Notify) <input type="checkbox"/> Formal Hearing Required (Court will Notify)				
In the 52-4 DISTRICT Court of OAKLAND COUNTY				
Court Address & Phone Number				
520 W. BIG BEAVER RD., TROY, MICHIGAN 48084				
PHONE: (248) 528-0400				
<input type="checkbox"/> I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable). I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.				
Complainant's Signature and receipt if applicable				Month 9 Day 25 Year 01
Officer's Name (printed) C. BARTON A. CASCOLO				Officer's ID No. 70142
Agency ORI MI-6378400		Agency Name TROY POLICE DEPARTMENT		
UC-01a (rev. 11/95)		Court Copy 1		

PRESS - YOU ARE MAKING FIVE COPIES
ORDER BY FORM NO. M76 (Revised 11/95)
FIDLAR DOUBLEDAY KALAMAZOO, MI

Reviewed By:

TROY POLICE DEPARTMENT PROPERTY RECORD

TAG 114791

COMPLAINT # **01-34459**

FOR PROPERTY SECTION USE ONLY - BIN#

EVIDENCE ☒ PERSONAL ☐ FOUND ☐ RECOVERED ☐ CONFISCATED ☐ LOCKER #

CHARGE **TURNISH ALCOHOL TO MINOR** DESCRIPTION **1 32 oz BOTTLE OF**

ADVERSE **BEER.**

SERIAL #

REPORTING OFFICER **CASCOLO / BARTON** DATE **9-25-01** TIME **1930**

DEFENDANT: **LUAY JOURY-TOBIA ALKAS MIKHA** DOB **9-8-60** w/m.

DEFENDANT: **LUAY JOURY-TOBIA ALKAS MIKHA** DOB **9-8-60** w/m.

INSTRUCTIONS TO PROPERTY SECTION: **Hold for court & LCC**

OWNER: NAME **TYPO** PHONE

ADDRESS CITY ZIP

CLAIMED BY: DATE



State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Liquor Control Commission
7150 Harris Drive
P.O. Box 30005
Lansing, Michigan 48909-7505
(517) 322-1345

February 5, 2002



Bottle & Cork Wine Shop, Inc.
D/B/A Bottle & Cork Wine Shop
1660 John R
Troy, MI 48084

RE: Complaint No. 1-66518

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check, or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than March 11, 2002 as indicated on your Invoice No. 78324. Failure to submit the fine will result in confiscation of your license for the alternative penalty. In any event, costs assessed must be paid, as only fines assessed are alternative to a suspension.

Should you wish to appeal the decision, a request for an appeal, accompanied by a fee of \$25, must be received in this office within 20 days from the mailing date of this Order. **IN FILING FOR AN APPEAL, YOU MUST STATE YOUR REASONS FOR REQUESTING THE APPEAL OR YOUR REQUEST WILL NOT BE HONORED.**

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:ll

Enclosures

cc: Inv. Judith Szlatenyi
Troy Police Dept

STATE OF MICHIGAN

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: BOTTLE & CORK WINE SHOP, INC.
D/B/A BOTTLE & CORK
1660 JOHN R
TROY, MI. 48084

COMPLAINT NO. 1-66518
BUSINESS I.D. NO. 12834

SDD SDM

CHARGE - November 15, 2001

- (1) Sell, furnish or give away alcoholic liquor to a person, one unnamed minor, X-099, date of birth December 5, 1982, who had not then attained the age of twenty-one (21) years, contrary to Const. 1963, Art. 4, §40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

The Commissioner finds as fact that based upon the signature of Mike Al-Kas Mikha, an officer of the above named Licensed Corporation, on the Waiver and Acknowledgment form of the Michigan Liquor Control Commission (MLCC), the aforementioned Licensee in this case voluntarily waived right to contest the cited allegation in this matter and, further, waived right to a hearing and entered a plea of acknowledgment to the one charge stated in Case No. 1-66518 pursuant to Rule 436.1907 of the MLCC.

The Commissioner further accepts the Violation Report of this case and attachments therein and a True Copy of the prior record of this Licensee since being licensed by the MLCC at the above named location as evidence in lieu of testimony in this matter.

The Commissioner believes and finds as fact, on the bases of the Violation Report and attachments therein, that an unnamed minor, X-099, date of birth December 5, 1982, while under the direction of the Michigan Liquor Control Commission, entered the above named licensed establishment during November 15, 2001 and purchased alcoholic liquor from an employee of the above-named Licensee after showing proper proof of age which stated his true age of 18 and included the words "Under 21" on it.

The Commissioner further finds that the employee of the above-named Licensee in this case requested and was shown proper proof of age and did not make a diligent inquiry to determine the proper true age of the purchaser.

The Commissioner further believes and finds as fact, on the bases of the Violation Report and attachments therein, that the unnamed minor X-099, date of birth December 5, 1982, was 18 years of age at the time of this incident.

The Commissioner took under consideration for mitigative circumstances a signed written statement submitted to the MLCC by the above-named Mike Al-Kas Mikha.

CONCLUSIONS OF LAW

Based upon the aforementioned Acknowledgment and Findings of Fact, the Commissioner concludes that the Licensee in Case No. 1-66518 did violate MCL 436.1801(2), as cited.

ORDER

In determining penalty for the charge for which a violation was found, the Commissioner considered the young age of the purchaser and the Licensee's total record which shows one prior violation which is similar to the Charge in this Complaint, and which occurred in 1992, since being licensed by the MLCC on June 25, 1991 at the above named location; further, the Commissioner noted that the above-named Licensee successfully passed a MLCC decoy operation in November, 1999.

The Commissioner, therefore, Orders a fine of \$500.00 as penalty in this matter. The Commissioner further Orders that a suspension of 25 days be imposed if the fine is not paid.

MICHIGAN LIQUOR CONTROL COMMISSION

Dated: Feb. 1, 2002

James M. Storey
James M. Storey, Commissioner

TRUE COPY



City of
Troy

Charles T Craft, Chief of Police
500 West Big Beaver Road
Troy, Michigan 48084
(248) 524-3443

MEMORANDUM

SUPPORT SERVICES DIVISION

DATE: January 29, 2002

TO: Jackie, Law Dept

FROM: Sgt. George Zielinski

SUBJECT: Summons' Dispositions

Hi Jackie-

Can I get the Summons' Dispositions (if adjudicated) for the following Liquor violations? Thanks.

As requested!

Summons Number	Date	Defendant	Disposition
624951	04/24/01	Hejais, Hannah	Pled Guilty \$75 fine
618111	04/24/01	Badgero, Pamela	Pled Guilty \$50 fine
618112	05/03/01	Radzio, Andrzen	Pled Guilty \$250 fine
632133	08/17/01	Cocuzza, Angela	PUA 6 mo. Set for 6-10-02
618101	05/03/01	Almbida, Cleofas	Pled Guilty \$75 fine
618107	08/17/01	Choi, Mi	Pled Guilty \$150 fine
618102	08/17/01	Ducato, Joseph	Pled Guilty \$250 fine
632140	09/25/01	Chidyausiku, Rason	PUA 12 mo Set for 12-7-02
632142	09/25/01	Mikha, Luay	Pled Guilty \$50 fine
618108	09/25/01	Kaur, Rajandeep	Bench Trial 2-12-02 / Bolle
632144	10/05/01	Lawson, Chad	Pled Guilty \$250 fine

Jackie



City of Troy

February 15, 2002

500 West Big Beaver
Troy, Michigan 48084
Fax: (248) 524-0851
www.ci.troy.mi.us

Bottle & Cork Wine Shop
Bottle & Cork Wine Shop, Inc.
1660 John R
Troy, Michigan 48084

Area code (248)

Assessing
524-3311

Bldg. Inspections
524-3344

Bldg. Maintenance
524-3368

City Clerk
524-3316

City Manager
524-3330

Community Affairs
524-1147

Engineering
524-3383

Finance
524-3411

Fire-Administration
524-3419

Human Resources
524-3339

Information Services
619-7279

Law
524-3320

Library
524-3545

Parks & Recreation
524-3484

Planning
524-3364

Police-Administration
524-3443

Public Works
524-3370

Purchasing
524-3338

Real Estate & Development
524-3498

Treasurer
524-3334

General Information
524-3300

Re: Liquor License: SDD 18683-2000 & SDM 11018-2000
Bottle & Cork Wine Shop
1660 John R
Troy, Michigan 48084

Pursuant to Chapter 92, Section 9.84 of the Code of the City of Troy, Public Hearings will be held by and before the Council of the City of Troy at City Hall, 500 W Big Beaver, Troy Michigan on Wednesday, February, 27, 2002 at 7:30 PM. These hearings allow the Troy City Council to review liquor license violations occurring the previous year.

As you are aware, your licensed establishment was cited for a liquor violation. However, due to time constraints, City Council will hold public hearings only for licensed establishments which have been cited with a violation on more than one occasion in the preceding four years.

There will not be a formal public hearing concerning your establishment, and therefore City Council will not make any recommendations for suspension and/or revocation to the MLCC. However, City Council will be aware of your liquor license citation, and is vested with the authority to pass resolutions concerning the sale of alcohol in your business. One example of a resolution recently passed by Council mandated all servers/sales clerks of a licensee to attend TIPS/TAMS training. You may wish to be present at the City Council meeting to address any questions or concerns that arise concerning your establishment.

If you have questions regarding the procedure or the facts and circumstances surrounding your violation(s), you may contact the City Attorney's office at (248) 524-3320.

Sincerely,

Barbara A. Holmes
Deputy City Clerk

Hollywood Super Market
Hollywood Super Market, Inc.
2670 W. Maple
Troy MI 48084
SDD 72951-2000
SDM 6965-2000
Sale to Minor (Compliance Test)

LCC

Liquor Licensee History

Business name: **Hollywood Super Market**

Address: 2670 W. Maple (248)

Licensee: Hollywood Super Market, Inc.

License type: **SDD** (72951-2000) **SDM** (6965-2000)

Permit: Sunday Sales

Comments: Retained by: Tom Coccino, 313-566-2500

Date	Troy Incident #	Type	Disposition	Date
05/23/86	86-14967	Sale to minor (compliance test)	Fined \$100	
11/21/86	86-36412	Sale to minor (compliance test)	Fined \$200	
10/26/89	89-33804	Sale to minor (compliance test)	Fined \$500	04/11/90
11/17/93	93-35993	Sale to minor	Fined \$400	02/02/94
12/15/98	98-50421	Sale to minor (compliance test)	Fined \$700	02/16/99
03/05/99	99-08530	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
05/03/99	99-16253	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/23/99	99-23656	Compliance Test	PASSED	
07/29/99	99-28860	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/26/99	99-45219	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/25/00	none	Compliance Test	PASSED	
11/15/00	00-42356	Compliance Test	PASSED	
08/14/01	01-29110	Compliance Test	PASSED	
09/25/01	01-34453	Sale to Minor (Compliance Test)	pending	
10/23/01	01-38243	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
01/10/02	02-01016	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

INCIDENT REPORT

SUPP ☐

PAGE 1 OF 3

01	DATE 092501	DAY TUE	SHIFT 02	PLATOON 99	BADGE 1 042	BADGE 2 070	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01	INCIDENT NUMBER 34453			
02	RECEIVED 1900	DISPATCHED —	ARRIVED —	COMPLETED —	DATE(S) OCCURRED 092501	TIMES(S) OCCURRED 1900	ASSIGNED HOUR / DAY 19TUE						
03	LOCATION / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 2670 W. MAPLE						LOCATION 2 (INTERSECTING STREET) COOLIDGE						
04	CITY TROY		STATE MI	ZIP 48084	CODE 4L	BUSINESS NAME HOLLYWOOD SUPERMARKET		BUSINESS PHONE 643-6770					
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION					ESTAB CODE 0210	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT	PATROL 07	GEOGRAPHIC			
06	NATURE OF OFFENSE #1 FURNISH ALCOHOL TO MINOR					ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	#PREM <input type="checkbox"/>	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
07	NATURE OF OFFENSE #2					ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	#PREM <input type="checkbox"/>	ACTIVITY	
08	NATURE OF OFFENSE #3					ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	#PREM <input type="checkbox"/>	ACTIVITY	
09	NATURE OF OFFENSE #4					ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	#PREM <input type="checkbox"/>	ACTIVITY	OFFENSE COMMENTS

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (0) JUV ARREST (D) DRIVER (F) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) DP4 / CASCIO4, BARTON						RAC	SEX	DOB	AGE
I 11	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)						CITY		STATE	ZIP
C 12	HOME PHONE		BUSINESS PHONE		STATE		DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.			

T 13	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3	VICTIM TYPE 1 <input type="checkbox"/> INDIVIDUAL 2 <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL			
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN				NOT KNOWN		REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 15	01 SPOUSE 02 CL-SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	98 STRANGER 99 UNKNOWN					

A 16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) OBERMESIK, PHILIP ROBERT						RAC	SEX	DOB	AGE	
A 17	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER) 1283 KIRTS #41						CITY TROY		STATE	ZIP MI 48084	
R 18	HOME PHONE		BUSINESS PHONE		HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE		BUILD	SKIN TONE		
R 19	STATE DRIVER'S LICENSE # MI 10,16,5,6,8,3,7,4,5,6,7,2				SOC. SEC. #		SID #		FBI #				
E 20	PERSON COMMENTS / CLOTHING											SUMMONS / CITATION NUMBER(S) 632141	

S 21	ARREST / SUMMONS DESCRIPTION FUR. ALCOHOL TO MINOR		ARREST CHARGE 1	ARREST DATE 092501	PLATOON 99	BADGE 1 042	BADGE 2 070	FM	DIS	DEPARTMENT ARREST NUMBER	
T 22	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER	
S 23	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL		DISP <input type="checkbox"/> PER	

00	CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED												
24	CODES	DESCRIPTION				PROPERTY TYPE	QUANTITY	YEAR	MAKE HEINEREN	MODEL BEER			
25	STYLE	COLOR(S) TOP / BOTTOM		MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.					
26	STOLEN	DAMAGED		RECOVERED		PROPERTY TAG # 114790		LOCATION PROPERTY EU- Rem.		LEIN / NCIC REF #			
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE		NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED				
28	COMMENTS — INSURANCE COMPANY / LIEN HOLDER / BANK									SEIZED DRUGS	TYPE	AMOUNT	MEAS
29	INVESTIGATING OFFICER(S): DP4 CASCIO4 / BARTON						REVIEWED BY:		ATTENTION TO:				

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48084-5285
ORI # M16378400

PERSON REPORT

SUPP

PAGE 2 OF 3

01	DATE 092501	DAY TUE	SHIFT 02	PLATOON 99	BADGE 1 042	BADGE 2 070	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRACTION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01	INCIDENT NUMBER 34453
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CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 02	CODE 4	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) SCHOTT, FRED	RAC WM	SEX	DOB	AGE
------	-----------	--------	--	-----------	-----	-----	-----

I 03	ADDRESS 2670 W. MAPLE	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY TROY	STATE MI	ZIP 48084
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C 04	HOME PHONE	BUSINESS PHONE 643-6770	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. STORE MGR
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T 05	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2	VICTIM TYPE <input type="checkbox"/> 1 INDIVIDUAL <input type="checkbox"/> 2 BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
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I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY	OUTSIDE FAMILY, BUT KNOWN	NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
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M 07	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER
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V 08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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I 09	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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C 10	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
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T 11	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2	VICTIM TYPE <input type="checkbox"/> 1 INDIVIDUAL <input type="checkbox"/> 2 BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
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I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY	OUTSIDE FAMILY, BUT KNOWN	NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
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M 13	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER
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14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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A 15	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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R 16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
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R 17	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
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E 18	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S 19	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
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T 20	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
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21	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
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22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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A 23	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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R 24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
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R 25	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
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E 26	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S 27	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
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T 28	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
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29	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
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30	INVESTIGATING OFFICER(S)	REVIEWED BY	ATTENTION TO
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TROY POLICE DEPT.

500 W. Big Beaver, Troy, MI 48064

ORI #MI6378400

NARRATIVE REPORT
☒ SUPP ☐ CORR ☐ DELETE

 PAGE **3** OF **3**

DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
9/25/01	Tue	09	99	070		<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT		01	34453

Directed Patrol Unit conducting liquor compliance test sent in student enforcement aid Anthony Lamerato w/m 03/17/83 (19 y/o) to the above location.

Lamerato selected the listed Heineken beer and went to the register to purchase it. The clerk did not ask for any identification and the sale was completed.

Officers spoke with the assistant store manager, Fred Scott and the clerk, Philip Robert Obermesik. Obermesik stated that he did not ask for identification and that he thought that the student enforcement aid was over 21. Barton asked if there was a system in place for the cashier to enter a birth date before the sale of alcohol. Obermesik stated there was, he was able to override it by pushing the *enter* button. Obermesik was issued a citation for furnishing/sell alcohol to minor. The store was issued a liquor violation, which will be filed with the Liquor Control Commission.

The beer was tagged and placed into evidence.

INVESTIGATING OFFICER(S) C. Barton/A. Cascioli	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE PAGE 1 of 1

01	DATE 09/25/01	DAY TUE	SHIFT 01	PLAT 98	BADGE 1 070	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS 	YEAR 01	INCIDENT # 34453
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02	Statement of: Anthony Lamerato	Home Phone: (248) 524-3431
03	Address: 500 W Big Beaver	Business Phone:
04	City: Troy	State: MI Zip:

05

06 I (Anthony Lamerato) approached aisle

07 4 with a 6 pack of Heineken

08 and didn't ask any questions, and I

09 paid for it. The cashier who sold it to

10 me was Phillip. ~~a~~

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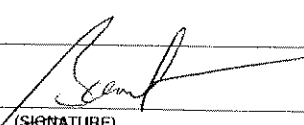
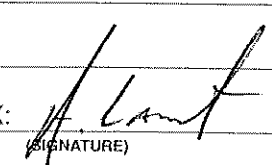
22

23

24

25

26

27	Taken By:  (SIGNATURE)	X:  (SIGNATURE)
28		
29	Place: 500	Date: 9-25-01 Time: 2230

Reviewed By: _____

TROY POLICE DEPARTMENT PROPERTY RECORD

TAG 114790

COMPLAINT # 01-34453

FOR PROPERTY SECTION USE ONLY - BIN# _____

EVIDENCE ☒ PERSONAL ☐ FOUND ☐ RECOVERED ☐ CONFISCATED ☐ LOCKER # _____
CHARGE FURNISH ALCOHOL TO MINOR DESCRIPTION 1 SIX PACK OF HEINEREN BEER.

REPORTING OFFICER CASCAU / BARTON SERIAL # _____ DATE 9-25-01 TIME 1900

DEFENDANT: PHILIP ROBERT OBERMESIK 8-28-81 W/M.
FIRST MIDDLE LAST DOB RACE/SEX

DEFENDANT: _____
FIRST MIDDLE LAST DOB RACE/SEX

INSTRUCTIONS TO PROPERTY SECTION: Hold for court of LCC

OWNER: NAME TPPD PHONE _____

ADDRESS _____ CITY _____ ZIP _____

CLAIMED BY: _____ DATE _____

FOR PROPERTY SECTION USE ONLY

DISPOSITION: AUCTIONED ☐ DESTROYED ☐ PHOTO LAB ☐ OTHER ☐ DATE _____

State of Michigan
Uniform Law Citation

N^o 632141

☐ Victim Involved

US DOT #

Incident No.

07-34453

Dept. No.

The People of: ☐ the State of Michigan

Local Use/Arrest No.

Detection Device

☐ Township ☒ City ☐ Village ☐ County

BAC

1 of 1

OF: TROY

THE UNDERSIGNED SAYS THAT ON:

Month Day Year At approximately ☐ A.M. ☒ P.M. Date Month Day Year
9 25 01 700 8 28 81

State Driver's License Number

MI 0165 683 745 672

Social Security No.

Race Sex Height Weight Hair Eyes Occupation/Employer

Name (First, Middle, Last)

ROBERT OBERMESIK

Street

1283 KIRBY #41

City

Troy

State

MI

Zip Code

Vehicle Plate No.

Year

State

Vehicle Description (Year, Make, Color)

Type

THE PERSON NAMED ABOVE, in violation of ☒ Local Ordinance ☐ State Law ☐ Administrative Rule

UPON 2670 W MARLE

AT OR NEAR HILLYWOOD SQUARE MARKET

WITHIN ☒ CITY ☐ VILLAGE ☐ TOWNSHIP OF TROY

COUNTY OF OAKLAND

DID THE FOLLOWING:

Type	MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel	<input type="checkbox"/> Authorization pend.	SALE & ALCOHOL TO MINOR	1
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel	<input type="checkbox"/> Authorization pend.	9.77.3 W/O D. LIBERT INQUIRY	2
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fel	<input type="checkbox"/> Authorization pend.		3

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s)

1 2 3

Key for Type C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive

Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending

Remarks

CHECK IF APPROPRIATE ☐ Damage to Property ☐ Local Court Bond \$ ☐ License Posted In Lieu of Bond ☐ Appearance Certificate ☐ None

☐ Vehicle Impounded ☐ Injury ☐ Traffic Crash ☐ Death ☐ Person in Active Military Service ☐ Yes ☐ No

SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS

☐ Appearance Date on or before 10-2-01 830 AM

☐ Hearing Date (if applicable) on ☐ Contact Court

☐ Juvenile Traffic Misd. (Court will Notify) ☐ Formal Hearing Required (Court will Notify)

In the 52-4 DISTRICT Court of OAKLAND COUNTY

Court Address & Phone Number

520 W. BIG BEAVER RD., TROY, MICHIGAN 48084
PHONE: (248) 528-0400

☐ I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).
I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt if applicable

Officer's Name (printed) A. ASCOLI

Officer's ID No. 70192

Agency ORI MI-6378400 Agency Name TROY POLICE DEPARTMENT

UC-01a (rev. 11/95) Court Copy 1

PRESS - YOU ARE MAKING FIVE COPIES
ORDER BY FORM NO. M76 (Revised 11/95)
FIDLAR DOUBLEDAY KALAMAZOO, MI



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

*** Officers Please Obtain This Information From The License ***

License No. SDD 72451-2001 SS Business ID 14754 File # _____
SDM 6965-2001

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee HOLLYWOOD SUPER MARKET 2. Doing Business As HOLLYWOOD SUPERMARKET
3. Mailing Address (street, city, zip code) 2670 W. MAPLE
4. Township _____ 5. County OAKLAND
6. Type of License(s) & Permit(s) SDD, SDM, SUNDAY SALES
7. Date of Violation: TUE 9-25-01 7:00 AM or PM
(DAY) (DATE) (HOUR)
8. Violation Type: ☒ Minor
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 3-17-83 Was this a DECOY ? ☒ Yes ☐ No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 01-34453

Officer Signature [Signature] Name and Title (print) ANTONIO CASCIOLI (OFFICER)

Officer Signature _____ Name and Title (print) CARL BARTON (OFFICER)

Department Name TROY P.D. Phone # 524-3477
LC-600 Rev. 4/99 4880-2362

WITNESSES

1. Name FRED SCHOTT Address 2670 W. MAPLE 643-6770

Will testify to: BEING ADVISED OF SITUATION BY P/O J

2. Name PHILIP ROBERT OBERMESIK Address 1283 KIRT

Will testify to: SELLING SIX PACK OF HEINEKEN TO DELOY.

3. Name _____ Address _____

Will testify to: _____

4. Name _____ Address _____

Will testify to: _____

5. Name _____ Address _____

Will testify to: _____

EVIDENCE

Location Held: 1 SIX PACK OF HEINEKEN BOTTLES IN TROY

EVIDENCE LOCK UP.

Picano's
Picano Restaurant, Inc.
3775 Rochester Road
Troy MI 48084
Class C 7024-2000
Sale to Minor (Compliance Test)

LCC

Liquor Licensee History

Business name: **Picano's**

Address: 3775 Rochester (248) 689-8050

Licensee: Picano Restaurant, Inc.

License type: **Class C (7024-2000)**

Permits: Sunday Sales, Dance

Comments:

Date	Troy Incident #	Type	Disposition	Date
01/10/99	99-01384	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/07/99	99-08859	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/24/99	99-24021	Compliance Test	PASSED	
11/23/99	none	Compliance Test	PASSED	
07/26/00	none	Compliance Test	PASSED	
08/27/00	00-31759	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/01/00	00-40522	Compliance Test	PASSED	
11/17/00	00-42668	Compliance Test	PASSED	
01/13/01	01-01556	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/23/01	01-10004	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
05/03/01	01-15405	Sale to Minor (Compliance Test)	\$400	01/10/01
06/15/01	01-21115	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/17/01	01-29650	Compliance Test	PASSED	
09/01/01	01-31478	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/02/01	01-35423	Compliance Test	PASSED	
11/26/01	01-42361	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

INCIDENT REPORT

01	DATE 050301	DAY TH	SHIFT 02	PLATOON 99	BADGE 1 042	BADGE 2 070	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRACTION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01	INCIDENT NUMBER 15405
02	RECEIVED 2100	DISPATCHED —	ARRIVED —	COMPLETED 2300	DATE(S) OCCURRED 050301	TIMES(S) OCCURRED 2100	ASSIGNED HOUR / DAY 21 TH 4			
03	LOCATION / ADDRESS 3775 ROCHESTER					LOCATION 2 (INTERSECTING STREET)				
04	CITY TROY	STATE MI	ZIP 48064	CODE —	BUSINESS NAME PICANO'S			BUSINESS PHONE 689-8050		
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION RESTAURANT				ESTAB CODE 0214	ORIGIN <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> DISP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL 05	GEOGRAPHIC	
06	NATURE OF OFFENSE #1 FURN - ALCHO. TO MINOR		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
07	NATURE OF OFFENSE #2		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	
08	NATURE OF OFFENSE #3		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	
09	NATURE OF OFFENSE #4		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	OFFENSE COMMENTS

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (10) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) DPH / CASCIU4 / BARTON		RAC	SEX	DOB	AGE			
I 11	ADDRESS —		(DIRECTION, STREET, SUFFIX, QUALIFIER)		CITY		STATE	ZIP			
C 12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.						
T 13	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL		
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN				NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF # — / —	FELONIOUS ASSAULT CIRCUMSTANCES
M 15	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER					

16	CODE R4	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) TIORAN, SHANNON CHRISTINE		RAC	SEX	DOB WF 112466	AGE
A 17	ADDRESS 109 MICHELSON		(DIRECTION, STREET, SUFFIX, QUALIFIER)		CITY ROCK HILLS.		STATE	ZIP M 48307
R 18	HOME PHONE	BUSINESS PHONE 689-8050	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
R 19	STATE DRIVER'S LICENSE # M 1T650765115898		SOC. SEC. #		SID #		FBI #	
E 20	PERSON COMMENTS / CLOTHING				SUMMONS / CITATION NUMBER(S) 618109			

S 21	ARREST / SUMMONS DESCRIPTION FURN - ALCHO. TO MINOR		ARREST CHARGE 1	ARREST DATE 050301	PLATOON 99	BADGE 1 042	BADGE 2 070	FM	DIS	DEPARTMENT ARREST NUMBER
T 22	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
23	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y	UPON ARREST <input type="checkbox"/> ARMED WITH (ENTER "A" IF AUTO)	01 <input checked="" type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM (ENTER "A" IF AUTO)	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> HANDGUN	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PER <input type="checkbox"/> MDT <input type="checkbox"/> TEL		

24	CODES	DESCRIPTION PHOTO OF WINE	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL			
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.			
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG # 112915	LOCATION PROPERTY TROY EVIDENCE ROOM	LEIN / NCIC REF #				
27	REC BADGE	REC BADGE 2	LEG	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED		
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK						SEIZED DRUGS	TYPE	AMOUNT	MEAS
29	INVESTIGATING OFFICER(S): DPH / CASCIU4 / BARTON				REVIEWED BY: WLA #224		ATTENTION TO:			

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48084-5285
ORI # M16378400

PERSON REPORT

SUPP ☐

PAGE 2 OF 3

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER
	05.03.01	THU	02	99	047	070	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	01	004815405
CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE										
V	02	48		FAIR	DIAN		RAC	SEX	DOB	AGE
							W	F	03248219	
I	03	500	W.	BIG BEAVER		TROY	STATE	ZIP		
							MI	48084		
G	04						PERSON COMMENTS / OTHER I.D.			
							DECOY			
T	05						VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY <input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE <input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY <input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION <input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS <input type="checkbox"/> FATAL	
I	06						RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY	OUTSIDE FAMILY, BUT KNOWN	NOT KNOWN	REL / OFF #
							01 SPOUSE 05 CHILD 09 STEPPARENT 20 ACQUAINTANCE 24 BOY / GIRL FRIEND 28 EMPLOYEE 98 STRANGER 99 UNKNOWN	21 FRIEND 25 CHILD OF "BG" ABOVE 29 EMPLOYER		
M	07						02 C-L SPOUSE 06 GRANDPARENT 10 STEPCCHILD 21 NEIGHBOR 26 HOMOSEXUAL REL. 30 OTHERWISE KNOWN	03 PARENT 07 GRANDCHILD 11 STEPSIBLING 22 BABYSITTEE (baby) 27 EX-SPOUSE 31 VICTIM WAS OFFENDER		
							04 SIBLING 08 IN-LAW 12 OTHER FAMILY			
V	08	48		WALTON	GARY		RAC	SEX	DOB	AGE
							W	M		19
I	09	500	W.	BIG BEAVER		TROY	STATE	ZIP		
							MI	48084		
G	10						PERSON COMMENTS / OTHER I.D.			
							DECOY			
T	11						VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY <input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE <input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY <input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION <input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS <input type="checkbox"/> FATAL	
I	12						RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY	OUTSIDE FAMILY, BUT KNOWN	NOT KNOWN	REL / OFF #
							01 SPOUSE 05 CHILD 09 STEPPARENT 20 ACQUAINTANCE 24 BOY / GIRL FRIEND 28 EMPLOYEE 98 STRANGER 99 UNKNOWN	21 FRIEND 25 CHILD OF "BG" ABOVE 29 EMPLOYER		
M	13						02 C-L SPOUSE 06 GRANDPARENT 10 STEPCCHILD 21 NEIGHBOR 26 HOMOSEXUAL REL. 30 OTHERWISE KNOWN	03 PARENT 07 GRANDCHILD 11 STEPSIBLING 22 BABYSITTEE (baby) 27 EX-SPOUSE 31 VICTIM WAS OFFENDER		
							04 SIBLING 08 IN-LAW 12 OTHER FAMILY			
A	14	4		PICANO	DOMINIC		RAC	SEX	DOB	AGE
							W	M		
R	15	3775		ROCHESTER		TROY	STATE	ZIP		
							MI	48084		
R	16				689-8050		HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE
R	17						SOC. SEC. #	SID #	FBI #	
E	18				OWNER		PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)		
S	19						ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON
T	20						ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON
21							ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> UNARMED <input type="checkbox"/> FIREARM <input type="checkbox"/> HANDGUN <input type="checkbox"/> OTHER FIREARM
22		4		D'ARISTOTILE	MARIA		RAC	SEX	DOB	AGE
							W	F		
A	23	3775		ROCHESTER		TROY	STATE	ZIP		
							MI	48084		
R	24				689-8050		HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE
R	25						SOC. SEC. #	SID #	FBI #	
E	26				GEN. MGR.		PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)		
S	27						ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON
T	28						ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON
29							ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> UNARMED <input type="checkbox"/> FIREARM <input type="checkbox"/> HANDGUN <input type="checkbox"/> OTHER FIREARM
30					CASANOVA / BARTON		INVESTIGATING OFFICER(S)	REVIEWED BY	ATTENTION TO	

NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE PAGE 1 OF 1

DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #	
01 050301	01 THU	09	99	224		<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	111	01	15405	
02	Statement of: Duan Fair						Home Phone: 524-3477			
03	Address: 500 W. Big Beaver Rd						Business Phone:			
04	City: Troy						State: MI Zip: 48084			
05										
06	I, Duan Fair, entered Picanos with									
07	my partner at 8:45 p.m. on May 3, 2001.									
08	I ordered a half cafe cafe of merlot.									
09	The waitress served me without									
10	asking for any i.d. or my birthdate.									
11	I pointed the server out to officer									
12	Barton & my partner & I then left									
13	the building.									
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27	X: Duan Fair									
28	(SIGNATURE)									
28	Taken By: W. Avery #224									
29	(SIGNATURE)									
29	Place: 3775 ROCHESTER									
						Date: 05/03/01		Time: 2100		
INVESTIGATING OFFICER(S)				REVIEWED BY		ASSIGNED TO / BADGE		ATTENTION TO		
CASCIOU / BARTON										

TROY POLICE DEPT.

500 W. Big Beaver, Troy, MI 48064

ORI #MI6378400

NARRATIVE REPORT☒ SUPP ☐ CORR ☐ DELETEPAGE 1 OF 1

DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
5/3/01	Thu	09	99	070	042	<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT		01	15405

Members of the Directed Patrol Unit conducted a liquor control compliance test at the above location using the listed student enforcement aides. Both of the enforcement aides were 19 years old at the time of the test.

The student enforcement aides entered the establishment and were seated at a table. The server, Shannon Tioran, approached and asked if they wanted anything to drink. The female student enforcement aide asked for a carafe of wine. The male student enforcement aide did not ask for anything.

A short time later, Tioran, returned with the glass of wine. Officers secured the scene and the student enforcement aides left the establishment. The managers were contacted as well as Tioran.

Officers spoke with Tioran who stated that she thought the female looked to be about 25 and thought the male looked to be about 16-17 years old. She stated that she usually asks for identification before serving alcohol.

Tioran was issued a citation for serving alcohol to a minor without making diligent inquiry. A LCC violation report was filled out and filed with the commission.

Both the managers and Tioran were cooperative with officers during the investigation.

INVESTIGATING OFFICER(S)	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
Barton/Cascioli			

Uniform Law Citation
US DOT # _____ Incident No. **01-25043 15403** Dept. No. _____
Local Use/Arrest No. _____ Detection Device _____
The People of: ☐ the State of Michigan ☒ Township ☒ City ☐ Village ☐ County BAC **1** of **1**
OF: **TROY**
THE UNDERSIGNED SAYS THAT ON: Month **5** Day **30** Year **1980** At approximately ☐ A.M. ☒ P.M. Date Month **11** Day **24** Year **1966**
State Driver's License Number **MI T 650 765 115 898** Social Security No. _____
Race Sex Height Weight Hair Eyes Occupation/Employer _____
Name (First, Middle, Last) **SHANNON CHRISTINE T. ORAN**
Street **109 M. CHELSON**
City **ROCHESTER HILLS** State **MI** Zip Code **48307**
Vehicle Plate No. _____ Year _____ State _____ Vehicle Description (Year, Make, Color) _____ Type _____

THE PERSON NAMED ABOVE, in violation of ☐ Local Ordinance ☐ State Law ☐ Administrative Rule
UPON **P. COWDS RESTAURANT**
AT OR NEAR _____
WITHIN ☒ CITY ☐ VILLAGE ☐ TOWNSHIP OF **TROY**
COUNTY OF **OAKLAND** DID THE FOLLOWING:

Type	MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.	9-77-3	FURNISH ALCOHOL TO MINOR who A.L.G. 2ND	1
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			2
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.			3
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.
Offense Code(s) _____
1 _____ 2 _____ 3 _____
Key for Type C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive
Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending

Remarks _____
CHECK IF APPROPRIATE ☐ Damage to Property ☐ Local Court Bond \$ _____
☐ Vehicle Impounded ☐ Injury ☐ License Posted In Lieu of Bond
☐ Traffic Crash ☐ Death ☐ Appearance Certificate
Person in Active Military Service ☐ Yes ☒ No ☐ None
SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS
☒ Appearance Date on or before **MAY 30, 2001 830A**
☐ Hearing Date (if applicable) on _____ ☐ Contact Court
☐ Juvenile Traffic Misd. (Court will Notify) ☐ Formal Hearing Required (Court will Notify)

In the **52-4 DISTRICT** Court of **OAKLAND COUNTY**
Court Address & Phone Number
520 W. BIG BEAVER RD., TROY, MICHIGAN 48084
PHONE: (248) 528-0400

☐ I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).
I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.
Complainant's Signature and reprint if applicable _____
Officer's Name (printed) **C. BARTON** Officer's ID No. **20742**
Agency ORI **MI- 6378400** Agency Name **TROY POLICE DEPARTMENT**
UC-01a (rev. 11/95) Court Copy 1

PRESS - YOU ARE MAKING FIVE COPIES
ORDER BY FORM NO. M76 (Revised 11/95)
Doubleday Bros. & Co., Kalamazoo, MI (616) 381-1040, (800) 632-2259



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

*** Officers Please Obtain This Information From The License ***

License No. 7024-2001 SS Business ID 4581 File # _____

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee Picano's 2. Doing Business As Picano Restaurant, Inc.

3. Mailing Address (street, city, zip code) 3775 Rochester Rd., Troy, MI, 48084

4. Township _____ 5. County Oakland

6. Type of License(s) & Permit(s) Class C / Sunday Sales / Dance

7. Date of Violation: Thursday 05/03/01 9:00 AM or PM
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 03/24/82 Was this a DECOY ? Yes/No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 01-15405

Officer Signature [Signature] Name and Title (print) Antonio Cascioli, Police Officer

Officer Signature [Signature] Name and Title (print) Carl Barton, Police Officer

Department Name Troy Police Department Phone # (248) 524-3477

WITNESSES

1. Name Dominic Picano Address 3775 Rochester Rd., Troy, MI, 48084

Will testify to: owner of restaurant - advised by officers.

2. Name Maria D'Aristotile Address 3775 Rochester Rd., Troy, MI, 48084

Will testify to: manager of restaurant - advised by officers.

3. Name Shannon Christine Tioran Address 109 Michelson, Rochester Hills, MI, 48307

Will testify to: serving alcohol to Dyan Fair, a minor, without diligent inquiry.

4. Name Dyan Fair Address c/o 500 W. Big Beaver, Troy, MI, 48084

Will testify to: being served alcohol without diligent inquiry.

5. Name Gary Walton Address c/o 500 W. Big Beaver, Troy, MI, 48084

Will testify to: being present when Dyan Fair was served alcohol.

EVIDENCE

Location Held: Troy Police Dept. Property Room - tag #112915

1 photo of wine in glass and pitcher



State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Liquor Control Commission
7150 Harris Drive
P.O. Box 30005
Lansing, Michigan 48909-7505
(517) 322-1345

August 14, 2001



PICANO RESTAURANT, INC.
D/B/A PICANO'S
3775 ROCHESTER
TROY, MI 48084

RE: Complaint No. 1-61840

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check, or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than September 17, 2001 as indicated on your Invoice No. 76163. Failure to submit the fine will result in confiscation of your license for the alternative penalty.

Should you wish to appeal the decision, a request for an appeal, accompanied by a fee of \$25, must be received in this office within 20 days from the mailing date of this Order. **IN FILING FOR AN APPEAL, YOU MUST STATE YOUR REASONS FOR REQUESTING THE APPEAL OR YOUR REQUEST WILL NOT BE HONORED.**

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:tmn

Enclosures

cc: ✓ Troy PD

STATE OF MICHIGAN

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: PICANO RESTAURANT, INC.
D/B/A PICANO'S
3775 ROCHESTER
TROY, MI. 48084

COMPLAINT NO. 1-61840
BUSINESS I.D. NO. 4581

CLASS C

CHARGE - May 3, 2001

- (1) Sell, furnish or give away alcoholic liquor to a person, one Dyan Fair, who had not then attained the age of twenty-one (21) years, contrary to Const. 1963, Art. 4, §40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

The Commissioner finds as fact that based upon the signature of Dominic Picano, an officer of the above named Licensed Corporation, on the Waiver and Acknowledgment form of the Michigan Liquor Control Commission (MLCC), the aforementioned Licensee in this case voluntarily waived right to contest the cited allegation in this matter and, further, waived right to a hearing and entered a plea of acknowledgment to the one charge stated in Case No. 1-61840 pursuant to Rule 436.1907 of the MLCC.

The Commissioner further accepts the Violation Report of this case and attachments therein and a True Copy of the prior record of this Licensee since being licensed by the MLCC at the above named location under the current ownership as evidence in lieu of testimony in this matter.

The Commissioner believes and finds as fact, on the bases of the Violation Report and attachments therein, that Dyan Fair, while under the direction of the Troy Police Department, entered the above named licensed establishment during May 3, 2001 and was served alcoholic liquor by an employee of the above-named Licensee without showing proper proof of age.

The Commissioner further finds that the employee of the above-named Licensee in this case did not demand, nor was shown, proper proof of age and did not make a diligent inquiry to determine the proper true age of the purchaser.

The Commissioner further believes and finds as fact, on the bases of the Violation Report and attachments therein, that Dyan Fair was 19 years of age at the time of this incident.

CONCLUSIONS OF LAW

Based upon the aforementioned Acknowledgment and Findings of Fact, the Commissioner concludes that the Licensee in Case No. 1-61840 did violate MCL 436.1801(2), as cited.

ORDER

In determining penalty for the charge for which a violation was found, the Commissioner considered the Licensee's total record which shows no prior violation since being licensed by the MLCC on January 9, 1985 at the above named location under the current ownership.

PICANO RESTAURANT, INC.
D/B/A PICANO'S

COMPLAINT NO. 1-61840
PAGE 3

The Commissioner, therefore, Orders a fine of \$400.00 as penalty in this matter. The Commissioner further Orders that a suspension of 20 days be imposed if the fine is not paid.

MICHIGAN LIQUOR CONTROL COMMISSION

Dated:

August 10, 2001

James M. Storey
James M. Storey, Commissioner

TRUE COPY

LaShish
LaShish, Inc.
3720 Rochester Road
Troy MI 48084
Class C
Sale to Minor (Compliance Test)

LCC

Liquor Licensee History

Business name: **LaShish**
Address: 3720 Rochester
Licensee: LaShish, Inc. (313) 441-2900
License type: Class C
Permits:
Comments: Contact: Mustafa Dakroub (313) 562-7200

Date	Troy Incident #	Type	Disposition	Date
11/20/00		Council approves license transfer from Jacques Mediterranean		
11/01/00	00-40521	Compliance Test	PASSED	
11/17/00	00-42667	Compliance Test	PASSED	
02/08/01	01-04633	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/06/01	01-19776	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/16/01	01-29475	Sale to Minor (Compliance Test)	\$400	10/23/01
10/02/01	01-35422	Compliance Test	PASSED	
10/16/01	01-37330	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285
ORI # MI6378400

INCIDENT REPORT

SUPP ☐

PAGE 1 OF 2

01	DATE 08.16.01	DAY Thu	SHIFT 0900	PLATOON 99	BADGE 1 106	BADGE 2 105	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 2001	INCIDENT NUMBER 29975
02	RECEIVED 2145	DISPATCHED -	ARRIVED -	COMPLETED 2230	DATE(S) OCCURRED 08.16.01	TIMES(S) OCCURRED 2145	ASSIGNED HOUR / DAY 2117h			
03	LOCATION 1 / ADDRESS 3700 ROCHESTER					LOCATION 2 (INTERSECTING STREET)				
04	CITY Troy	STATE MI	ZIP	CODE L	BUSINESS NAME LA SHISH INC			BUSINESS PHONE		
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION RESTAURANT				ESTAB CODE 0214	ORIGIN <input checked="" type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input checked="" type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL 05	GEOGRAPHIC	
06	NATURE OF OFFENSE #1 ORD. VIOLATION		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input checked="" type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)
07	NATURE OF OFFENSE #2		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
08	NATURE OF OFFENSE #3		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	
09	NATURE OF OFFENSE #4		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	OFFENSE COMMENTS

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE											
V 10	CODE 4	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) BAZZI Sam					RAC WM	SEX M	DOB 4.5	
I 11	ADDRESS 4109	CITY Calthoun					STATE	ZIP			
G 12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. H62 @ Lashish						
T 13	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL		
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY					OUTSIDE FAMILY, BUT KNOWN					
M 15	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BO" ABOVE 26 HOMOSEXUAL REL 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF # _____ _____ _____	FELONIOUS ASSAULT CIRCUMSTANCES		

16	CODE 48	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) McDONALD PAMELA					RAC WF	SEX F	DOB 03.02.82	AGE 19
A 17	ADDRESS 500	CITY Troy					STATE	ZIP			
R 18	HOME PHONE	BUSINESS PHONE 248 524 3477	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE			
R 19	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #						
E 20	PERSON COMMENTS / CLOTHING STUDENT ENFORCEMENT AIDE					SUMMONS / CITATION NUMBER(S)					
S 21	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER	
T 22	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER	

23	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> PER <input type="checkbox"/> TEL
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CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED										
24	CODES E	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL			
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.			
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG # 114255	LOCATION PROPERTY P.R.	LEIN / NCIC REF #				
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED		
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK POLAROID OF SERVED DRINK X CORONA BEER X							SEIZED DRUGS	TYPE	AMOUNT
29	INVESTIGATING OFFICER(S) DA - Wolfe, B2066					REVIEWED BY:	ATTENTION TO:			

PERSON REPORT

01	DATE 08.16.01	DAY THU	SHIFT 09	PLATOON 99	BADGE 1 105	BADGE 2 006	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 011	INCIDENT NUMBER 29475
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CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 02	CODE 8.0000	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) LAMERATO, ANTHONY J.	RAC WM	SEX M	DOB 03.17.83	AGE 18
I 03	ADDRESS 500 W. BIG BEAVER	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY Troy	STATE MI	ZIP 48084		
C 04	HOME PHONE	BUSINESS PHONE (248) 524-3431	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. STUDENT ENF. AIDE		

T 05	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL	
I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF # /	FELONIOUS ASSAULT CIRCUMSTANCES
M 07	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER				

V 08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
I 09	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP		
C 10	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.		

T 11	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL	
I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF # /	FELONIOUS ASSAULT CIRCUMSTANCES
M 13	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER				

V 14	CODE 46501	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) TOHNE, ANTOUW BECHARA	RAC WM	SEX M	DOB	AGE	
I 15	ADDRESS 13103 HART AVE.	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY HUNTINGTON WOODS	STATE MI	ZIP 48020			
R 16	HOME PHONE (248) 217-1992	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE

R 17	STATE MI	DRIVER'S LICENSE # T500067085273	SOC. SEC. #	SID #	FBI #		
E 18	PERSON COMMENTS / CLOTHING LASHISH WAITER				SUMMONS / CITATION NUMBER(S) 632135		

S 19	ARREST / SUMMONS DESCRIPTION FURNISH ALCOHOL TO A MINOR W/ DILIGENT INQUIRY	ARREST CHARGE 1	ARREST DATE	PLATOON 99	BADGE 1 105	BADGE 2 006	FM M	DIS	DEPARTMENT ARREST NUMBER
T 20	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
21	ARREST <input type="checkbox"/> ON VIEW (No Warrant) <input checked="" type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE ARREST <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL

V 22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE	
I 23	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP			
R 24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE

R 25	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #		
E 26	PERSON COMMENTS / CLOTHING				SUMMONS / CITATION NUMBER(S)		

S 27	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
T 28	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
29	ARREST <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE ARREST <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y INDICATOR <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL

INVESTIGATING OFFICER(S):				REVIEWED BY:		ATTENTION TO:			
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TROY POLICE DEPT.

500 W. Big Beaver, Troy, MI 48064

ORI #MI6378400

NARRATIVE REPORT

___ SUPP

___ CORR

___ DELETE

PAGE 3 OF 3

01	DATE 8/16/01	DAY Thu	SHIFT 09	PLAT 99	BADGE 1 105	BADGE 2	INCIDENT STATUS ___ CLR ARREST ___ UNF ___ CLR EXCEPT ___ INACT	PRIM CLASS	YEAR 01	INCIDENT # **29475
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Directed Patrol Unit working Liquor Compliance Checks with Student Enforcement Aides Anthony Lamerato (18) and Pamela McDonald (19).

Aides Lamerato and McDonald entered La Shish and were seated at a booth. Waiter Antoun Tohme approached them and asked them for their drink order. Aide McDonald ordered a Corona. Waiter Tohme returned with a bottle of Corona and served it to Aide McDonald without inquiring as to her age. Officers then approached and spoke with waiter Tohme whom stated that he normally asks for I.D. but forgot to this time because he thought she looked 21.

Citation issued for Furnishing Alcohol to Minor. LCC form completed. Photograph taken, tagged, and placed into property.

INVESTIGATING OFFICER(S)

WOLFE #105

REVIEWED BY

ASSIGNED TO/BADGE

ATTENTION TO

NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE PAGE 1 OF 1

01	DATE 08/16/01	DAY THU	SHIFT 09	PLAT 99	BADGE 1 006	BADGE 2 105	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 01	INCIDENT # 29475
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02 Statement of: 3-2-82 Pamela McDonald Home Phone: 810-739-3118
(PLEASE PRINT)

03 Address: 500 W. Big Beaver Business Phone:

04 City: Troy State: MI Zip: 48084

05
06 Anthony Lauerato and I entered
07 at 9:45 pm on 8-16-2001 we were
08 seated in a booth. Waiter named Tony
09 later had asked me if I would like
10 anything to drink. I asked what
11 kind of alcohol they had he gave me
12 a few choices I chose Corona. The
13 waiter asked no questions and gave
14 me a glass with a bottle of Corona.
15 Anthony left to go get officer Wolf.
16 ~~Off~~

17
18
19
20
21
22
23
24
25
26
27
28 Taken By: *Paul R. By*
(SIGNATURE)
29 Place: 500 W. 16 Troy MI 48084 Date: 8/16/01 Time: 2300

X: *Pamela McDonald*
(SIGNATURE)

INVESTIGATING OFFICER(S) <i>RONALD WOLF</i>	REVIEWED BY	ASSIGNED TO / BADGE	ATTENTION TO
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State of Michigan		Ticket No. No 632135		<input type="checkbox"/> Victim Involved
Uniform Law Citation		Incident No. 61-29475		Dept. No. 784
US DOT #		Local Use/Arrest No.		Detection Device
The People of: <input type="checkbox"/> the State of Michigan <input type="checkbox"/> Township <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> County		BAC		1 of 1
OF: TROY				
THE UNDERSIGNED SAYS THAT ON:		Month 8 Day 16 Year 01	At approximately 9:50 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Date of Birth Month 4 Day 7 Year 81
State MI	Driver's License Number T500 067 085 273	Social Security No.		
Race W	Sex M	Height	Weight	Hair Eyes Occupation/Employer
Name (First, Middle, Last) ANTOON BECHARA TOHME				
Street 13103 HART AVE				
City HUNTINGTON WOODS	State MI	Zip Code 48020		
Vehicle Plate No.	Year	State	Vehicle Description (Year, Make, Color)	Type
THE PERSON NAMED ABOVE, in violation of <input checked="" type="checkbox"/> Local Ordinance <input type="checkbox"/> State Law <input type="checkbox"/> Administrative Rule				
UPON LA SAISH				
AT OR NEAR 3720 ROCHESTER				
WITHIN <input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWNSHIP OF TROY				
COUNTY OF OAKLAND DID THE FOLLOWING:				
Type	MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.	
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	9-11-3	FURNISH ALCOHOL TO MINOR	1	
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			2	
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			3	
Complainant's Signature and receipt if applicable WOLKE / BRABO	Month 8 Day 16 Year 01			
Officer's Name (printed) WOLKE / BRABO	Officer's ID No. 105 / 06			

PRESS - YOU ARE MAKING FIVE COPIES
 ORDER BY FORM NO. M76 (Revised 11/95)
 FIDLAR DOUBLEDAY KALAMAZOO, MI



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

*** Officers Please Obtain This Information From The License ***

License No. 100797-2001 SS

Business ID 135216

File # _____

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee LaShish, Inc. 2. Doing Business As LaShish

3. Mailing Address (street, city, zip code) 3720 Rochester Rd., Troy, 48083

4. Township _____ 5. County Oakland

6. Type of License(s) & Permit(s) Sunday Sales

7. Date of Violation: Thursday 08/16/01 9:45 AM or PM
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 03/02/82 Was this a DECOY? ☒ Yes ☐ No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 01-29475

Officer Signature [Signature] Name and Title (print) Officer Robert Wolfe

Officer Signature [Signature] Name and Title (print) Officer Russell Bragg

Department Name Troy Police Dept. Phone # (248) 524-3477

WITNESSES

1. Name Sam Bazzi Address 4109 Calhoun, Dearborn, MI, 48126

Will testify to: manager of restaurant.

2. Name Antoun Tohme Address 13103 Hart Ave, Huntington Wds., MI, 48020

Will testify to: serving alcohol to a minor without diligent inquiry as to age.

3. Name Pamela McDonald Address c/o 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: being served alcohol while under the age of 21 (Student Enforcement Aide).

4. Name Anthony Lamerato Address c/o 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: witnessing McDonald being served alcohol (Student Enforcement Aide).

5. Name Officers Wolfe & Bragg Address 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: McDonald being served alcohol by Tohme.

EVIDENCE

Location Held: Troy Police Department Property Room, tag #114255

1 - Polaroid photo of Corona Beer



State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Liquor Control Commission
7150 Harris Drive
P.O. Box 30005
Lansing, Michigan 48909-7505
(517) 322-1345

October 29, 2001

LA SHISH, INC.
D/B/A LA SHISH
3720 ROCHESTER
TROY, MI 48083



RE: Complaint No. 1-64667

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check, or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than December 3, 2001 as indicated on your Invoice No. 76804. Failure to submit the fine will result in confiscation of your license for the alternative penalty.

Should you wish to appeal the decision, a request for an appeal, accompanied by a fee of \$25, must be received in this office within 20 days from the mailing date of this Order. **IN FILING FOR AN APPEAL, YOU MUST STATE YOUR REASONS FOR REQUESTING THE APPEAL OR YOUR REQUEST WILL NOT BE HONORED.**

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:tmn

Enclosures

cc: ✓ Troy PD

STATE OF MICHIGAN

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: LA SHISH, INC.
D/B/A LA SHISH
3720 ROCHESTER
TROY, MI. 48083

COMPLAINT NO. 1-64667
BUSINESS I.D. NO. 135216

CLASS C

CHARGE - August 16, 2001

- (1) Sell, furnish or give away alcoholic liquor to a person, one Pamela McDonald, who had not then attained the age of twenty-one (21) years, contrary to Const. 1963, Art. 4, §40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

The Commissioner finds as fact that based upon the signature of Talal K. Chahine, an officer of the above named Licensed Corporation, on the Waiver and Acknowledgment form of the Michigan Liquor Control Commission (MLCC), the aforementioned Licensee in this case voluntarily waived right to contest the cited allegation in this matter and, further, waived right to a hearing and entered a plea of acknowledgment to the one charge stated in Case No. 1-64667 pursuant to Rule 436.1907 of the MLCC.

The Commissioner further accepts the Violation Report of this case and attachments therein and a True Copy of the prior record of this Licensee since being licensed by the MLCC at the above named location under the current ownership as

evidence in lieu of testimony in this matter.

The Commissioner believes and finds as fact, on the bases of the Violation Report and attachments therein, that Pamela McDonald, while under the direction of the Troy Police Department, entered the above named licensed establishment during August 16, 2001 and was served alcoholic liquor by an employee of the above-named Licensee without showing proper proof of age.

The Commissioner further finds that the employee of the above-named Licensee in this case did not demand, nor was shown, proper proof of age and did not make a diligent inquiry to determine the proper true age of the purchaser.

The Commissioner further believes and finds as fact, on the bases of the Violation Report and attachments therein, that Pamela McDonald was 19 years of age at the time of this incident.

The Commissioner took under consideration for mitigative circumstances a signed written statement submitted by the above-named Talal K. Chahine.

CONCLUSIONS OF LAW

Based upon the aforementioned Acknowledgment and Findings of Fact, the Commissioner concludes that the Licensee in Case No. 1-64667 did violate MCL 436.1801(2), as cited.

LA SHISH, INC.
D/B/A LA SHISH

COMPLAINT NO. 1-64667
PAGE 3

ORDER

In determining penalty for the charge for which a violation was found, the Commissioner considered the Licensee's total record which shows no prior violation since being licensed by the MLCC on April 13, 2001 at the above named location under the current ownership.

The Commissioner, therefore, Orders a fine of \$400.00 as penalty in this matter. The Commissioner further Orders that a suspension of 20 days be imposed if the fine is not paid.

MICHIGAN LIQUOR CONTROL COMMISSION

Dated: October 23, 2001

James M. Storey
James M. Storey, Commissioner

TRUE COPY

Holiday Inn
Troy Hotel Associates Limited
Partnership
2537 Rochester Court
Troy MI 48084
B Hotel 30759-2000
Sale to Minor (Compliance Test)

LCC

Liquor Licensee History

Business name: **Holiday Inn**

Address: 2537 Rochester Court (248) 689-7500

Licensee: Troy Hotel Associates Limited Partnership

License type: **B Hotel** (30759-2000)

Permits: Sunday Sales, Official Permit (Food), Dance, Outdoor Service

Comments:

Date	Troy Incident #	Type	Disposition	Date
9/21/90	90-29245	Entertainment w/o permit Raffle Tickets	Fined \$100.	9/27/91
11/2/90	90-34046	Sale to Minor (Compliance Test)	Fined \$100.	9/27/91
5/26/93		License transferred		
10/17/95	95-38420	Furnish Alcohol to Minor (Compliance Insp)	Fined \$500. (\$250. per count)	2/2/96
3/21/96	95-38420	Council Hearing: Retrain all liquor personnel within 60 days.		
01/23/99	99-03350	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/10/99	99-09262	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/24/99	99-24017	Compliance Test	PASSED	
11/23/99	none	Compliance Test	PASSED	
07/26/00	none	Compliance Test	PASSED	
10/25/00	00-39557	Compliance Test	PASSED	
04/16/01	01-12958	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
05/12/01	01-16607	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/12/01	01-20577	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/16/01	01-29465	Sale to Minor (Compliance Test)	\$500	11/01/01
10/05/01	01-36175	Compliance Test	PASSED	
11/04/01	01-39901	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
01/07/02	02-00742	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

INCIDENT REPORT

SUPP ☐

PAGE ☐ OF ☐

01	DATE 08/16/01	DAY THU	SHIFT 09	PLATOON 99	BADGE 1 006	BADGE 2 105	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED E12 <input type="checkbox"/> EXTRACTION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE NO CUSTODY	YEAR 01	INCIDENT NUMBER 2795	
02	RECEIVED 2040	DISPATCHED	ARRIVED	COMPLETED 2140	DATE(S) OCCURRED 08/16/01	TIMES(S) OCCURRED 2040	ASSIGNED HOUR / DAY 2017			
03	LOCATION 1 / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 2537 ROCHESTER CT.						LOCATION 2 (INTERSECTING STREET)			
04	CITY TROY	STATE	ZIP	CODE L	BUSINESS NAME HOLIDAY INN			BUSINESS PHONE		
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION BAR / NIGHT CLUB				ESTAB CODE 0202	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 811 <input type="checkbox"/> FOP <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input checked="" type="checkbox"/> DISP <input checked="" type="checkbox"/> OTHER	PATROL 07	GEOGRAPHIC	
06	NATURE OF OFFENSE #1 FURNISHING ALCOHOL TO A MINOR				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/> # PREM <input type="checkbox"/> ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
07	NATURE OF OFFENSE #2				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/> # PREM <input type="checkbox"/> ACTIVITY	
08	NATURE OF OFFENSE #3				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/> # PREM <input type="checkbox"/> ACTIVITY	
09	NATURE OF OFFENSE #4				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/> # PREM <input type="checkbox"/> ACTIVITY	OFFENSE COMMENTS

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE

V 10	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) Mc DONALD, PAMELA	RAC WF	SEX F	DOB 03.02.82	AGE 17
I 11	ADDRESS 500	DIRECTION, STREET, SUFFIX, QUALIFIER W. BIG BEAVER			CITY TROY	STATE MI	ZIP 48084

G 12	HOME PHONE 810 739-3118	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. STUDENT ENFORCEMENT AIDE
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T 13	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE 1 <input type="checkbox"/> INDIVIDUAL 2 <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL			
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN				NOT KNOWN 98 STRANGER 99 UNKNOWN		REL / OFF # /	FELONIOUS ASSAULT CIRCUMSTANCES
M 15	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER						

16	CODE 45	OFF # 01	NAME (LAST, FIRST, MIDDLE, SUFFIX) SENICK, RANDALL EDWARD	RAC WM	SEX M	DOB 09.18.56	AGE 44
A 17	ADDRESS 28471	DIRECTION, STREET, SUFFIX, QUALIFIER BRENTWOOD ST.			CITY SOUTHFIELD	STATE MI	ZIP 48076

R 18	HOME PHONE	BUSINESS PHONE	HEIGHT 508	WEIGHT 150	EYES BRO	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
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R 19	STATE MI	DRIVER'S LICENSE # S520730189724	SOC. SEC. #	SID #	FBI #
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E 20	PERSON COMMENTS / CLOTHING BARTENDER	SUMMONS / CITATION NUMBER(S) 618110
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S 21	ARREST / SUMMONS DESCRIPTION FURN. ALCOHOL TO MINOR	ARREST CHARGE 1	ARREST DATE 08/16/01	PLATOON 99	BADGE 1 105	BADGE 2 006	FM M	DIS S	DEPARTMENT ARREST NUMBER
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER

23	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> INDICATOR <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL
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CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED

24	CODES E	DESCRIPTION PHOTOGRAPH	PROPERTY TYPE	QUANTITY 01	YEAR	MAKE POLAROID	MODEL
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25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.
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26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG # 114254	LOCATION PROPERTY DEPOSITORY	LEIN / NCIC REF #
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27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED
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28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK PHOTO OF ALCOHOLIC BEVERAGE - FUZZY NAVEL				SEIZED DRUGS	TYPE	AMOUNT	MEAS
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29	INVESTIGATING OFFICER(S) BRAGG / WOLFE	REVIEWED BY: WLA #224	ATTENTION TO:
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TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48084-5285
ORI # M16378400

PERSON REPORT

SUPP ☐

PAGE 2 OF 3

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRACTION DECLINED	YEAR	INCIDENT NUMBER
	08.16.01	THU	02	9.9	1.05	00.6	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	01	29465

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 02	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
	4		RAFALSKI, MARY				

I 03	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
	2,53,7 ROCHESTER CT.	TROY	MI	48084

G 04	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
					MANAGER

T 05	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 3	VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS	<input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	<input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE	<input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY	<input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION	<input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS	<input type="checkbox"/> FATAL
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I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	06 STRANGER	/	
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	08 UNKNOWN	/	
M 07	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	REL / OFF #	/	
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	/	/	

V 08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
	8.4		LAMERATO, ANTHONY J.			WM 03.17.83	18

I 09	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
	SOP W. BIG BEAVER	TROY	MI	48084

G 10	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
		524-3477			STUDENT ENFORCEMENT AID.

T 11	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 3	VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS	<input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	<input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE	<input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY	<input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION	<input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS	<input type="checkbox"/> FATAL
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I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	06 STRANGER	/	
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	08 UNKNOWN	/	
M 13	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	REL / OFF #	/	
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	/	/	

14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE

A 15	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP

R 16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE

R 17	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #

E 18	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)

S 19	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER

T 20	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER

21	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM (ENTER "A" IF AUTO)	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN	<input type="checkbox"/> DISP <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL
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22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE

A 23	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP

R 24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE

R 25	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #

E 26	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)

S 27	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER

T 28	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER

29	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM (ENTER "A" IF AUTO)	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN	<input type="checkbox"/> DISP <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL
INVESTIGATING OFFICER(S):					REVIEWED BY:		ATTENTION TO:			

TROY POLICE DEPT.

500 W. Big Beaver, Troy, MI 48064

ORI #MI6378400

NARRATIVE REPORT

___ SUPP ___ CORR ___ DELETE

PAGE 2 OF 3

01	DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
	8/16/01	Thu	09	99	105		<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT		01	**29465

Directed Patrol Unit conducting liquor compliance checks with Student Enforcement Aides Pamela McDonald (19) and Anthony Lamerato (18).

Student enforcement Aides Lamerato and McDonald went into the Holiday Inn and sat at the bar. The bartender, Randall Senick, approached them and asked them for their drink order. Aide Lamerato did not order anything while Aide McDonald ordered a Fuzzy Navel. Both Aides observed bartender Senick pour Peach Schnapps and Orange Juice into a glass and then serve the drink to Aide McDonald. Both Aides then left the bar to get officers. Just prior to officers entering the bar, bartender Senick poured the alcoholic drink out and replaced it with orange juice. Officers spoke with bartender Senick who admitted to pouring the alcoholic drink out after he realized that this was a decoy operation. Senick stated he served the alcoholic drink to Aide McDonald thinking that she looked 21.

Citation issued to Senick for Furnishing Alcohol to a Minor. LCC violation completed. Photograph was tagged and placed into property.

INVESTIGATING OFFICER(S) WOLFE #105	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE PAGE 1 OF 1

01	DATE 08/16/01	DAY THU	SHIFT 09	PLAT 99	BADGE 1 006	BADGE 2 105	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS 111	YEAR 01	INCIDENT # 29465
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02 Statement of: 3-2-82 Pamela McDonald Home Phone: 810-739-3118
(PLEASE PRINT)

03 Address: 500 W. Big Beaver Business Phone:

04 City: Troy State: MI Zip: 48068

05
06 I, Pamela McDonald and Anthony Lamerato
07 entered the holiday Inn around 8:45 pm on
08 the 8-16-2001. We sat on the far side
09 of the bar. The waiter white male with
10 gray hair. The waiter asked us if we
11 wanted anything to drink Anthony
12 refused and I asked for a fuzzy
13 navel. Then I saw the server directly
14 pour peach Schnappes into a glass
15 along with orange juice. He then
16 served me the glass at the bar.
17 Anthony Then I left to go get
18 officer Wolf.
19
20
21
22
23
24
25
26

27 X: Pamela McDonald
(SIGNATURE)

28 Taken By: RRB
(SIGNATURE)

29 Place: 500 W. 16 TROY MI. 48084 Date: 8/16/01 Time: 2300

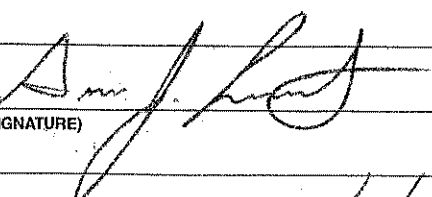
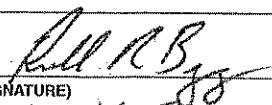
INVESTIGATING OFFICER(S) REVIEWED BY ASSIGNED TO / BADGE ATTENTION TO

NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE PAGE 1 OF 1

01	DATE 08/16/01	DAY THU	SHIFT 02	PLAT 99	BADGE 1 105	BADGE 2 06	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS 111	YEAR 01	INCIDENT # 29465
02	Statement of: Anthony J. Lamerato 3-17-83 Home Phone: (810) 264-8697									
03	(PLEASE PRINT) Address: 500 West Beaver Business Phone:									
04	City: Troy State: MI Zip: 48098									

06 I, Anthony Lamerato⁽¹⁸⁾ along with Pamela⁽¹⁹⁾
07 McDonald entered Holiday Inn at 8:45 on August
08 16, 2001. We sat at the bar and the older
09 white (male) bartender approached us and asked
10 us what we wanted. I ordered nothing
11 while Pamela ordered a fuzzy navel. The
12 bartender went to make the drink right in
13 front of us. I saw him directly pour schnapps
14 and orange juice into the glass, and then placed
15 the drink (served) it to Pamela at the bar.
16 At this time I then left to inform
17 officer Wolf and Bragg.

27	X: 	
28	Taken By: 	(SIGNATURE)
29	Place: 500 W. 16 Troy MI 48064	Date: 8/16/01 Time: 2300
INVESTIGATING OFFICER(S)		REVIEWED BY ASSIGNED TO / BADGE ATTENTION TO

State of Michigan		IVZ 010110		<input type="checkbox"/> Victim Involved																																									
Uniform Law Citation		Incident No.		Dept. No.																																									
US DOT #		01-29465		78																																									
The People of: <input type="checkbox"/> the State of Michigan		Local Use/Arrest No.		Detection Device																																									
<input type="checkbox"/> Township <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> County		BAC		1 of 1																																									
OF: TROY		Month		Day																																									
THE UNDERSIGNED		8		16																																									
SAYS THAT ON:		01		8:45																																									
State		Driver's License Number		At approximately <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.																																									
MI 520730189724				Date Month Day Year																																									
Race		Sex		Height																																									
W		M																																											
Weight		Hair		Eyes																																									
Occupation/Employer																																													
Name (First, Middle, Last)																																													
RANDALL EDWARD SENICK																																													
Street																																													
28471 BRENTWOOD																																													
City																																													
SOUTHFIELD																																													
State																																													
MI																																													
Zip Code																																													
48076																																													
Vehicle Plate No.		Year		State																																									
Vehicle Description (Year, Make, Color)		Typ																																											
THE PERSON NAMED ABOVE, in violation of <input type="checkbox"/> Local Ordinance <input type="checkbox"/> State Law <input type="checkbox"/> Administrative F																																													
UPON 2537 ROCASTER CT																																													
AT OR NEAR HOLIDAY INN																																													
WITHIN <input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWNSHIP OF TROY																																													
COUNTY OF OAKLAND DID THE FOLLOWING																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Type</th> <th>MCL Cite/PACC Code/Ordinance</th> <th>Description (include any bond amount collected on each charge)</th> <th>Ch</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> C/I <input type="checkbox"/> Warn</td> <td><input type="checkbox"/> Authorization pend.</td> <td>FURNISH ALCOHOL TO MINOR</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Misd <input type="checkbox"/> Fug</td> <td>9-77-3</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Fel <input type="checkbox"/> Waiv</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> C/I <input type="checkbox"/> Warn</td> <td><input type="checkbox"/> Authorization pend.</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Misd <input type="checkbox"/> Fug</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Fel <input type="checkbox"/> Waiv</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> C/I <input type="checkbox"/> Warn</td> <td><input type="checkbox"/> Authorization pend.</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Misd <input type="checkbox"/> Fug</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Fel <input type="checkbox"/> Waiv</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Type	MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)	Ch	<input type="checkbox"/> C/I <input type="checkbox"/> Warn	<input type="checkbox"/> Authorization pend.	FURNISH ALCOHOL TO MINOR		<input checked="" type="checkbox"/> Misd <input type="checkbox"/> Fug	9-77-3			<input type="checkbox"/> Fel <input type="checkbox"/> Waiv				<input type="checkbox"/> C/I <input type="checkbox"/> Warn	<input type="checkbox"/> Authorization pend.			<input type="checkbox"/> Misd <input type="checkbox"/> Fug				<input type="checkbox"/> Fel <input type="checkbox"/> Waiv				<input type="checkbox"/> C/I <input type="checkbox"/> Warn	<input type="checkbox"/> Authorization pend.			<input type="checkbox"/> Misd <input type="checkbox"/> Fug				<input type="checkbox"/> Fel <input type="checkbox"/> Waiv			
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TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.																																													
Offense Code(s)																																													
1 2 3																																													
Key for Type C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fug																																													
Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending																																													
Remarks																																													
AT HOLIDAY SHE LOOKED 21"																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CHECK IF APPROPRIATE</td> <td><input type="checkbox"/> Damage to Property</td> <td><input type="checkbox"/> Local Court Bond \$</td> </tr> <tr> <td><input type="checkbox"/> Vehicle Impounded</td> <td><input type="checkbox"/> Injury</td> <td><input type="checkbox"/> License Posted In Lieu of Bond</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Traffic Crash</td> <td><input type="checkbox"/> Death</td> <td><input type="checkbox"/> Appearance Certificate</td> <td></td> </tr> <tr> <td colspan="2">Person in Active Military Service</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> None</td> </tr> </table>						CHECK IF APPROPRIATE		<input type="checkbox"/> Damage to Property	<input type="checkbox"/> Local Court Bond \$	<input type="checkbox"/> Vehicle Impounded	<input type="checkbox"/> Injury	<input type="checkbox"/> License Posted In Lieu of Bond		<input type="checkbox"/> Traffic Crash	<input type="checkbox"/> Death	<input type="checkbox"/> Appearance Certificate		Person in Active Military Service		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None																								
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Person in Active Military Service		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None																																										
SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS																																													
<input checked="" type="checkbox"/> Appearance Date on or before 8-29-01																																													
<input type="checkbox"/> Hearing Date (if applicable) on																																													
<input type="checkbox"/> Juvenile Traffic Misd. (Court will Notify) <input type="checkbox"/> Formal Hearing Required (Court will Notify)																																													
In the 52-4 DISTRICT Court of OAKLAND COUNTY																																													
Court Address & Phone Number																																													
520 W. BIG BEAVER RD., TROY, MICHIGAN 48084																																													
PHONE: (248) 528-0400																																													
<input type="checkbox"/> I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).																																													
I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.																																													
Complainant's Signature and receipt if applicable																																													
WOLFE / BRADB																																													
Month Day Year																																													
8 16 01																																													
Officer's Name (printed)																																													
WOLFE / BRADB																																													
Officer's ID No.																																													
1051																																													
Agency ORI																																													
MI- 6378400																																													
Agency Name																																													
TROY POLICE DEPARTMENT																																													
UC-01a																																													
(rev. 11/95)																																													
Court Copy 1																																													

PRESS - YOU ARE MAKING FIVE COPIES
ORDER BY FORM NO. M76 (Revised 11/95)
Doubleday Bros. & Co., Kalamazoo, MI (616) 381-1040, (800) 632-2259



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

*** Officers Please Obtain This Information From The License ***

License No. 30759-2001 SS

Business ID 6582

File # _____

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee Holiday INN 2. Doing Business As Wall Street Food and Spirits

3. Mailing Address (street, city, zip code) 2537 Rochester Ct., Troy, 48083

4. Township _____ 5. County Oakland

6. Type of License(s) & Permit(s) Sunday Sales, Food, Dance, OD-SERV

7. Date of Violation: Thursday 08/16/01 8:40 AM or PM
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 03/02/82 Was this a DECOY? ☒ Yes / ☐ No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 01-29465

Officer Signature Russell R Bragg Name and Title (print) Officer Russell Bragg

Officer Signature Robert Wolfe Name and Title (print) Officer Robert Wolfe

Department Name Troy Police Dept. Phone # (248) 524-3477

WITNESSES

1. Name Mary Rafalski Address 8104 Westminster, Warren, MI, 48089

Will testify to: Beverage Manager

2. Name Randall Edward Senick Address 28471 Brentwood, Southfield, MI, 48076

Will testify to: serving the alcohol to the minor.

3. Name Anthony Lamerato Address c/o 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: being present when the alcohol was served.

4. Name Pamela McDonald Address c/o 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: being served the alcohol.

5. Name Officers R. Wolfe & R. Bragg Address 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: McDonald being served alcohol by Senick.

EVIDENCE

Location Held: Troy Police Department Property Room, tag #114254

1 - Polaroid photo of the alcoholic beverage (fuzzy naval) served to McDonald



State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Liquor Control Commission
7150 Harris Drive
P.O. Box 30005
Lansing, Michigan 48909-7505
(517) 322-1345

November 13, 2001



TROY HOTEL ASSOCIATES LIMITED PARTNERSHIP
D/B/A HOLIDAY INN
2537 ROCHESTER COURT
TROY, MI 48083

RE: Complaint No. 1-64668

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check, or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than December 10, 2001 as indicated on your Invoice No. 77623. Failure to submit the fine will result in confiscation of your license for the alternative penalty.

Should you wish to appeal the decision, a request for an appeal, accompanied by a fee of \$25, must be received in this office within 20 days from the mailing date of this Order. **IN FILING FOR AN APPEAL, YOU MUST STATE YOUR REASONS FOR REQUESTING THE APPEAL OR YOUR REQUEST WILL NOT BE HONORED.**

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:tmn

Enclosures

cc: ✓ Troy PD

STATE OF MICHIGAN

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: TROY HOTEL ASSOCIATES
LIMITED PARTNERSHIP
D/B/A HOLIDAY INN
2537 ROCHESTER COURT
TROY, MI. 48083

COMPLAINT NO. 1-64668
BUSINESS I.D. NO. 6582

B HOTEL

CHARGE - August 16, 2001

- (1) Sell, furnish or give away alcoholic liquor to a person, one Pamela McDonald, who had not then attained the age of twenty-one (21) years, contrary to Const. 1963, Art. 4, §40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

The Commissioner finds as fact that based upon the signature of Daniel J. Vosotas, an officer of the above named Licensed Corporation, on the Waiver and Acknowledgment form of the Michigan Liquor Control Commission (MLCC), the aforementioned Licensee in this case voluntarily waived right to contest the cited allegation in this matter and, further, waived right to a hearing and entered a plea of acknowledgment to the one charge stated in Case No. 1-64668 pursuant to Rule 436.1907 of the MLCC.

The Commissioner further accepts the Violation Report of this case and attachments therein and a True Copy of the prior record of this Licensee since being licensed by the MLCC at the above named location under the current ownership as

evidence in lieu of testimony in this matter.

The Commissioner believes and finds as fact, on the bases of the Violation Report and attachments therein, that Pamela McDonald, while under the direction of the Troy Police Department, entered the above named licensed establishment during August 16, 2001 and was served alcoholic liquor by an employee of the above-named Licensee.

The Commissioner further believes and finds as fact, on the bases of the Violation Report and attachments therein, that Pamela McDonald was 19 years of age at the time of this incident.

CONCLUSIONS OF LAW

Based upon the aforementioned Acknowledgment and Findings of Fact, the Commissioner concludes that the Licensee in Case No. 1-64668 did violate MCL 436.1801(2), as cited.

ORDER

In determining penalty for the charge for which a violation was found, the Commissioner considered the Licensee's total record which shows one prior violation which is similar to the Charge in this Complaint, and which occurred in 1995, since being licensed by the MLCC on October 5, 1993 at the above named location under the current ownership.

TROY HOTEL ASSOCIATES LIMITED PARTNERSHIP
D/B/A HOLIDAY INN

COMPLAINT NO. 1-64668
PAGE 3

The Commissioner, therefore, Orders a fine of \$500.00 as penalty in this matter. The Commissioner further Orders that a suspension of 25 days be imposed if the fine is not paid.

MICHIGAN LIQUOR CONTROL COMMISSION

Dated: November 1, 2001



Ena Weathers, Commissioner

TRUE COPY

Capital Grill
The Capital Grille of Troy, Inc.
2800 W. Big Beaver Road
Troy MI 48084
Class C 9943-2000
Sale to Minor (Compliance Test)

LCC

Liquor Licensee History

Business name: **Capital Grill**

Address: 2800 W. Big Beaver Rd. (248) 649-5300

Licensee: The Capital Grille of Troy, Inc.

License type: **Class C** (9943-2000)

Permits: Sunday Sales, Official (Food)

Comments:

Date	Troy Incident #	Type	Disposition	Date
02/23/99	99-07364	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/16/99	99-27089	Compliance Test	PASSED	
11/23/99	none	Compliance Test	PASSED	
04/27/00	00-14263	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/26/00	none	Compliance Test	PASSED	
08/29/00	00-32069	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/25/00	00-39545	Compliance Test	PASSED	
11/17/00	00-42652	Compliance Test	PASSED	
11/27/00	00-43932	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
01/16/01	01-01881	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/19/01	01-09499	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/06/01	01-19811	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/17/01	01-29603	Sale to Minor (Compliance Test)	\$500	01/05/02
08/29/01	01-31083	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/05/01	01-36162	Compliance Test	PASSED	
10/17/01	01-37476	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
12/18/01	01-45143	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

INCIDENT REPORT

SUPP ☐

PAGE 1 OF 1

01	DATE	08.17.01	DAY	FRI	SHIFT	02	PLATOON	99	BADGE 1	042	BADGE 2	070	UCR STATUS	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR	2001	INCIDENT NUMBER	29603				
02	RECEIVED	1815	DISPATCHED	1815	ARRIVED	1815	COMPLETED	1845	DATE(S) OCCURRED	08.17.01	TIMES(S) OCCURRED	1815	ASSIGNED HOUR / DAY	181 FRI									
03	LOCATION / ADDRESS	2800 W. BIG BEAVER										LOCATION 2 (INTERSECTING STREET) COOLIDGE											
04	CITY	TROY		STATE	MI		ZIP	48084		CODE	L		BUSINESS NAME	CAPITAL GRILLE				BUSINESS PHONE	649-5300				
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION										ESTAB CODE			ORIGIN	<input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input checked="" type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT		HOW ACTIVATED	<input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT		PATROL	06		
06	NATURE OF OFFENSE #1 FURNISH ALCOHOL TO MINOR										ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>		BIAS	WEAPON		# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN F OPERATING / PROMOTING / ASSISTING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING			
07	NATURE OF OFFENSE #2										ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>		BIAS	WEAPON		# PREM	ACTIVITY				
08	NATURE OF OFFENSE #3										ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>		BIAS	WEAPON		# PREM	ACTIVITY				
09	NATURE OF OFFENSE #4										ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>		BIAS	WEAPON		# PREM	ACTIVITY	OFFENSE COMMENTS			

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE

V 10	CODE	18	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) DPY / CASCIOLI / BARTON										RAC	SEX	DOB	AGE
I 11	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)										CITY			STATE	ZIP	
C 12	HOME PHONE			BUSINESS PHONE			STATE	DRIVER'S LICENSE #		PERSON COMMENTS / OTHER I.D.							

T 13	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS		F <input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER	P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	<input type="checkbox"/> NONE <input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY		<input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION		T <input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL				
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY										OUTSIDE FAMILY, BUT KNOWN					NOT KNOWN		REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 15	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER												
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN												
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN													
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER													

16	CODE	R4	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) ABRAHAM, JEFFERY ALAN										RAC	SEX	DOB	AGE							
A 17	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER) 32317 WINDSOR										CITY	GARDEN CITY		STATE	ZIP								
R 18	HOME PHONE	734-466-9623		BUSINESS PHONE	248-649-5300		HEIGHT	51.1		WEIGHT	195		EYES	BLU		HAIR COLOR / LENGTH / STYLE	BRD L N G TAIL		BUILD	MED		SKIN TONE	MED	
R 19	STATE	MI		DRIVER'S LICENSE #	A165390040924		SOC. SEC. #			SID #			FBI #											
E 20	PERSON COMMENTS / CLOTHING										SUMMONS / CITATION NUMBER(S) 632134													

S 21	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1	ARREST DATE		PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER			
T 22	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE		PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER			
23	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> ARREST INDICATOR	MULTIPLE <input type="checkbox"/> COUNT 1 INDICATOR	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN		13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN	<input type="checkbox"/> FOP <input type="checkbox"/> MOT <input type="checkbox"/> TEL	

00ES	(H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED									
24	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL			
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.			
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #				
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED		
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK						SEIZED DRUGS	TYPE	AMOUNT	MEAS
29	INVESTIGATING OFFICER(S): DPY / CASCIOLI / BARTON				REVIEWED BY: WLA#224		ATTENTION TO:			

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285

@RI # M18378400

PERSON REPORT

SUPP ☐

PAGE 2 OF 2

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRACTION DECLINED	YEAR	INCIDENT NUMBER
	08.1.70	FR	102	99	042	070	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	011	29603

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE

V 02	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
	4		BANISH, LISA	WF			29

I 03	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
	2800	W. BIG BEAVER	TROY	MI	48084

C 04	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
		649-5300			MNGR. CAPITAL GRILLE

T 05	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 2	VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS	<input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	<input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE	<input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY	<input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION	<input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS	<input type="checkbox"/> FATAL
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I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY						OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN		REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER						
M 07	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN						
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN							
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER							

V 08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
	8		MCDONALD, PAMELA JEANE	WF		030282	

I 09	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
	500	W. BIG BEAVER	TROY	MI	48084

C 10	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
		524-3477			DECOY.

T 11	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 2	VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS	<input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	<input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE	<input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY	<input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION	<input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS	<input type="checkbox"/> FATAL
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I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY						OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN		REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER						
M 13	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN						
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN							
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER							

14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE

A 15	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP

R 16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE

R 17	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #

E 18	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)

S 19	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER

T 20	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER

21	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR	<input type="checkbox"/> MULTIPLE COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR	<input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM (ENTER "A" IF AUTO)	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN	<input type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
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22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE

A 23	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP

R 24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE

R 25	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #

E 26	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)

S 27	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER

T 28	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER

29	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR	<input type="checkbox"/> MULTIPLE COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR	<input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM (ENTER "A" IF AUTO)	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN	<input type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
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INVESTIGATING OFFICER(S):	REVIEWED BY:	ATTENTION TO:

TROY POLICE DEPT.

500 W. Big Beaver, Troy, MI 48064
ORI #MI6378400

NARRATIVE REPORT

☒ SUPP ☐ CORR ☐ DELETE

PAGE 1 OF 1

01	DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
	8/17/01	WED	09	99	070		<input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT	<input type="checkbox"/> UNF <input type="checkbox"/> INACT		01
										29603

MEMBERS OF THE DIRECTED PATROL UNIT WERE CONDUCTING A LIQUOR COMPLIANCE TEST AT THE ABOVE LOCATION. THE STUDENT ENFORCEMENT AIDES THAT WERE AT THE LOCATION WERE PAMELA JEANE MCDONALD WF, 030282 AND ANTHONY JOSEPH LAMERTO W/M, 031783.

THE STUDENT ENFORCEMENT AIDES ENTERED AND SAT AT THE BAR. A W/M LATER IDENTIFIED AS JEFFERY ALAN ABRAHAM APPROACHED THEM FROM BEHIND THE BAR AND ASKED WHAT THEY WOULD LIKE TO DRINK. MCDONALD ASKED FOR A FUZZY NAVEL. ABRAHAM DID NOT ASK FOR ID OR AGE. LAMERATO ORDERED WATER. A SHORT TIME LATER, ABRAHAM RETURNED WITH THE FUZZY NAVEL AND WATER.

AFTER BEING SERVED THE FUZZY NAVEL, MCDONALD NOTIFIED OFFICERS AND WE SECURED THE DRINK AND THE STUDENT ENFORCEMENT AIDES LEFT THE BAR. BARTON MADE CONTACT WITH THE MANAGEMENT AND EXPLAINED WHAT HAD JUST OCCURRED.

I SPOKE WITH ABRAHAM AND ASKED WHAT HE THOUGHT HAD JUST OCCURRED AND HE KNEW THAT HE HAD SERVED AN UNDERAGE PERSON. I ASKED IF HE THOUGHT THAT THEY LOOKED OVER 21 AND HE SAID HE DID NOT ASK FOR ID OR AGE. HE STATED HE HAD BEEN TRAINED IN CHECKING FOR ID AND UNDER AGE PERSONS. ABRAHAM WAS ISSUED A CITATION (632134) FOR SERVING ALCOHOL TO A MINOR WITH OUT MAKING A DILIGENT INQUIRY.

THE FUZZY NAVEL WAS PHOTOGRAPHED BY CASCIOLI, TAGGED AND PLACED INTO EVIDENCE. A LCC VIOLATION WAS FILLED OUT AND FILED.

THE MANAGEMENT AND BARTENDER WERE ALL COOPERATIVE WITH OFFICERS.

INVESTIGATING OFFICER(S)

C, BARTON 070 A.
CASCIOLI 42

REVIEWED BY

ASSIGNED TO/BADGE

ATTENTION TO

NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE PAGE 1 OF 1

01	DATE 08/17/01	DAY FRI	SHIFT 05	PLAT 95	BADGE 1 070	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 01	INCIDENT # 25613
----	------------------	------------	-------------	------------	----------------	---------	---	------------	------------	---------------------

02 Statement of: 3-2-82 Pamela McDonald Home Phone: 810-739-3118
(PLEASE PRINT)

03 Address: 500 W. Big Beaver Business Phone:

04 City: Troy State: MI Zip: 48098

05

06 I, Pamela McDonald along with

07 Anthony Lamerato walked into Capital

08 grill around 6:15 pm on 8-17-01. We

09 helped ourselves to the bar. The

10 bar tender a tall white male with

11 reddish brown hair and a beard. Ask

12 us both what we like to drink.

13 Anthony ordered a water and I

14 ordered a Fuzzy navel. Anthony left

15 to go get Officer Cascioli while Officer

16 Barton approached me. Then I was

17 to leave.

18

19

20

21

22

23

24

25

26

27

28

29

Taken By: Barton

(SIGNATURE)

Place: 500 W Big Beaver

Date: 8-17-01 Time:

INVESTIGATING OFFICER(S)

REVIEWED BY

ASSIGNED TO / BADGE

ATTENTION TO



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

*** Officers Please Obtain This Information From The License ***

License No. 9943-2001

Business ID 6423

File # _____

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee Capital Grille Holding Co. 2. Doing Business As The Capital Grille of Troy

3. Mailing Address (street, city, zip code) 280 W. Big Beaver Rd., Troy, 48084

4. Township _____ 5. County Oakland

6. Type of License(s) & Permit(s) Class C / Sunday Sales

7. Date of Violation: Friday 08/17/01 6:15 AM or PM
(DAY) (DATE) (HOUR)

8. Violation Type: ☒ Minor
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 03/02/82 Was this a DECOY ☒ Yes ☐ No If no, you MUST answer below:

If above minor violation was not a decoy describe Enforcement Action Taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 01-29603

Officer Signature [Signature] Name and Title (print) Officer Antonio Cascioli

Officer Signature [Signature] Name and Title (print) Officer Carl Barton

Department Name Troy Police Department Phone # (248) 524-3477

LC-600 Rev. 4/99 4880-2362

WITNESSES

1. Name Jeffery Alan Abraham Address 32317 Windsor, Garden City, MI, 48135

Will testify to: serving the alcoholic drink to the decoy.

2. Name Lisa Banish Address 2800 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: being Manager on Duty, advised by officers.

3. Name Pamela Jeane McDonald Address c/o 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: being served the drink w/o being asked for identification (Student Enforcement Aide).

4. Name Officers Cascioli & Barton Address 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: violation.

5. Name _____ Address _____

Will testify to: _____

EVIDENCE

Location Held: Troy Police Department Property Room - tag #114277

1 - Polaroid photo of the alcoholic drink served to the decoy (fuzzy naval).



State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Liquor Control Commission
7150 Harris Drive
P.O. Box 30005
Lansing, Michigan 48909-7505
(517) 322-1345

January 17, 2002

THE CAPITAL GRILLE OF TROY, INC.
D/B/A CAPITAL GRILLE
2800 W. BIG BEAVER
SOMERSET COLLECTION N., SPACE #Q 123
TROY, MI 48084



#500. 1/5/02

RE: Complaint No. 1-64672

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than February 18, 2002 as indicated on your Invoice No. 78102. Failure to submit the fine will result in confiscation of your license for the alternative penalty. In any event, costs assessed must be paid, as only fines assessed are alternative to a suspension.

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:wls

Enclosure

cc: Atty. Kelly Allen
✓ Troy PD
Note: Sent to mailing address

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: THE CAPITAL GRILLE OF TROY, INC.
D/B/A CAPITAL GRILLE
2800 W. BIG BEAVER
SOMERSET COLLECTION N., SPACE #Q 123
TROY, MI 48084

HEARING: DECEMBER 4, 2001
PLACE: FARMINGTON
COMPLAINT NO: 1-64672
BUSINESS ID NO. 6423
CLASS C SS OP(F)

CHARGES - AUGUST 17, 2001

- (1) Sold or furnished alcoholic liquor to one decoy Pamela McDonald, date of birth March 2, 1982, who was less than twenty-one (21) years old, contrary to Const 1963, art 4, § 40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

NEGOTIATED SETTLEMENT

The Commissioner accepted without objection the Motion of Attorney Kelly Allen that the appearance of a Corporate Officer in this matter be waived, pursuant to the provisions of Rule 436.1913(2), said waiver to be subject to the express agreement by Attorney Allen that she will inform the Licensed Corporation of the disposition in this matter. Attorney Allen and Linda McDowell, Assistant Attorney General, representing all law enforcement agencies involved in this matter, proposed the following Negotiated Settlement for the Commissioner to consider in Case No. 1-64672, pursuant to Section 903 of the Michigan Liquor Control Code and Rule 436.1909 of the Michigan Liquor Control Commission (MLCC):

PROPOSED NEGOTIATED SETTLEMENT

- (1) The Corporation will fully acknowledge the one charge as cited;

(2) The Commissioner will enter the Violation Report of this case and attachments thereto into the record as substantive evidence without objection; the Commissioner further will take notice of the prior record of this Corporation, since being licensed by the Michigan Liquor Control Commission at the above named location under the current ownership;

(3) The Corporation will agree to the sanction of a fine of \$500 with \$100 waived for the acknowledged charge;

(4) Both parties hereto will agree that there shall be no appeals on this matter to the Appeal Board of the Commission or any court of law;

(5) The parties hereto further agree that the Corporation will pay costs in the amount of \$8.50 for witness fees involved in connection with the hearing.

ORDER

In determining whether to approve the Negotiated Settlement as proposed above, the Commissioner considered the statement of support for the aforementioned settlement by Officer Carl Barton on behalf of the Troy Police Department.

In determining whether to approve the Negotiated Settlement as proposed above, the Commissioner considered the Corporation's total record, which shows no previous violations since being licensed on August 9, 1996, at the above named location under the current ownership.

In determining whether to approve the Negotiated Settlement as proposed above, the Commissioner further took into consideration for mitigative circumstances statements made by Attorney Allen.

In consideration of the aforementioned circumstances and statements, the Commissioner hereby accepts the terms and conditions of the proposed Negotiated

Settlement and Orders as follows:

The Commissioner accepts the Corporation's plea of acknowledgment of the charge in Case No. 1-64672.

The Commissioner hereby accepts the Violation Report of this case and attachments thereto as substantive evidence without objection, further, the Commissioner hereby accepts a true copy of this Corporation's record since being licensed by the Michigan Liquor Control Commission at the above named location under the current ownership.

Based upon the aforementioned plea by the Corporation and a review of the Violation Report and attachments thereto, the Commissioner finds that the Corporation in Case No. 1-64672 did violate MCL 436.1801(2) as cited in the one charge of the Complaint in this matter.

The Commissioner further finds that the employee of said Corporation in this case did not demand, nor was shown, proper proof of age and did not make a diligent inquiry to determine the proper true age of the purchaser.

As penalty, the Commissioner Orders a fine of \$500 with \$100 waived for the one acknowledged charge, being a total fine of \$400 and, in addition, the Commissioner Orders that a suspension of twenty (20) continuous days be imposed if the total fine of \$400 is not paid with this suspension, to be served consecutively and not concurrently with any other suspensions Ordered by the Michigan Liquor Control Commission for this Licensed Corporation.

Said Corporation agrees this Negotiated Settlement was a full and final disposition of this matter before the Michigan Liquor Control Commission recognizing that as to the Complaint, there is no further right of administrative or judicial appeal, either to the Michigan Liquor Control Commission or a court of law, and also agrees that the plea in this case has

been entered voluntarily and with the full understanding of all consequences, and furthermore, all parties hereto agree that there are no promises, stipulations, understandings or agreements other than those stated as part of the official record herein, and this document represents the final agreed settlement.

The Commissioner also Orders the Corporation to pay total costs of \$8.50 for witness fees involved in connection with the hearing.

MICHIGAN LIQUOR CONTROL COMMISSION



Ena Weathers, Commissioner

Dated: January 5, 2002

Linda Pytel McDowell
Assistant Attorney General
24155 Drake Road
Farmington, MI 48335

Kelly A. Allen
Attorney at Law
1533 N. Woodward
Suite #210
Bloomfield Hills, MI 48304

EW: 1-64672

TRUE COPY

Corradi's
MCK, Inc.
1090 Rochester Road
Troy MI 48084
Class C 4387-2000
SDM 2355-2000
Sale to Minor (Compliance Test)

LCC

Liquor Licensee History

Business name: **Corradi's**

Address: 1090 Rochester (248) 588-3471

Licensee: MCK, Inc. (Leno Corradi, stockholder)

License type: **Class C** (4387-2000) **SDM** (2355-2000)

Permits: Sunday Sales, Dance

Comments: John Corradi, Day Manager

Date	Troy Incident #	Type	Disposition	Date
11/28/88		Council approved transfer of license to MCK, Inc.		
3/8/89	89-6737 89-6740	Served intoxicated person		
6/29/89	89-19398 89-19406	Served intoxicated person	Fined \$2600	3/5/90
6/17/92	92-17104	Sale to minor (compliance test)	Fined \$500	06/17/93
3/6/93	93-6344	Customers on premises after hours Consumption after hours Sale after hours	Fined \$900	09/28/94
01/09/99	99-01291	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/05/99	99-08616	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/24/99	99-24016	Compliance Test	PASSED	
11/02/99	none	Compliance Test	PASSED	
06/24/00	00-22518	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/26/00	none	Compliance Test	PASSED	
08/17/00	00-30413	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/19/00	00-38780	Compliance Test	PASSED	
10/20/00	00-38918	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/16/00	00-42521	Compliance Test	PASSED	
01/27/01	01-03247	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

04/14/01	01-12796	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/19/01	01-21662	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/15/01	01-29305	Compliance Test	PASSED	
09/27/01	01-34716	Sale to Minor (Compliance Test)	\$500	01/24/02
10/15/01	01-37162	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
12/11/01	01-44301	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285

ORI # M16378400

INCIDENT REPORT

SUPP ☐

PAGE 1 OF 3

01	DATE 09.27.01	DAY THU	SHIFT 09	PLATOON 99	BADGE 1 006	BADGE 2 105	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01	INCIDENT NUMBER 34716	
02	RECEIVED 2030	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED 09.27.01	TIMES(S) OCCURRED 2030	ASSIGNED HOUR / DAY 201 T.H.U				
03	LOCATION 1 / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 1090 ROCHESTER RD						LOCATION 2 (INTERSECTING STREET)				
04	CITY TROY	STATE MI	ZIP 48084	CODE	BUSINESS NAME CORRADIS			BUSINESS PHONE			
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION BAR / RESTAURANT				ESTAB CODE 0202	ORIGIN <input type="checkbox"/> PHONE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input type="checkbox"/> FOP <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL 07	GEOGRAPHIC		
06	NATURE OF OFFENSE #1 LCC VIOLATION				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY
07	NATURE OF OFFENSE #2				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY
08	NATURE OF OFFENSE #3				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY
09	NATURE OF OFFENSE #4				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE

V 10	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) MC DONALD, PAMELA JEANE				RAC WF	SEX	DOB 03.02.82	AGE 19
I 11	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 500 W. BIG BEAVER		CITY TROY		STATE MI		ZIP 48084			
G 12	HOME PHONE	BUSINESS PHONE 524-3477	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. STUDENT ENFORCEMENT AIDE					

T 13	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL	
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN				NOT KNOWN	
M 15	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	REL / OFF # 98 STRANGER 99 UNKNOWN		FELONIOUS ASSAULT CIRCUMSTANCES	

16	CODE 4501	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) WINIARSKI-BELBOT, CHERYL ANN				RAC WF	SEX	DOB 07.30.64	AGE 37
A 17	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 923 WHITCOMB AVE.		CITY ROYAL OAK		STATE MI		ZIP 48073			
R 18	HOME PHONE 248 588-4009	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE		

R 19	STATE MI	DRIVER'S LICENSE # W.562.1.15.067.597	SOC. SEC. #	SID #	FBI #
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E 20	PERSON COMMENTS / CLOTHING WAITRESS	SUMMONS / CITATION NUMBER(S) 632129
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S 21	ARREST / SUMMONS DESCRIPTION FURNISH ALCOHOL TO A MINOR	ARREST CHARGE 1	ARREST DATE 09.27.01	PLATOON 99	BADGE 1 105	BADGE 2 006	FM M	DIS	DEPARTMENT ARREST NUMBER
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T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
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23	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST <input type="checkbox"/> MULTIPLE COUNT <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
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CODES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED

24	CODES E	DESCRIPTION PHOTOGRAPH	PROPERTY TYPE	QUANTITY 01	YEAR	MAKE POLAROID	MODEL
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25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.
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26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG # 114823	LOCATION PROPERTY DEPOSITORY	LEIN / NCIC REF #
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27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED
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28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK PHOTO OF LABATT BLUE BEER BOTTLE 12 oz.							SEIZED DRUGS	TYPE	AMOUNT	MEAS
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29	INVESTIGATING OFFICER(S) DPV / BRAGG WOLFE	REVIEWED BY WA #224	ATTENTION TO:
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TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285

ORI # M6378400

PERSON REPORT

SUPP ☐

PAGE 2 OF 3

01	DATE 09.27.01	DAY THU	SHIFT 0999	PLATOON 006	BADGE 1 105	BADGE 2	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01	INCIDENT NUMBER 34716
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CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 02	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) LAMERATO, ANTHONY	RAC WM	SEX	DOB 03.17.83	AGE 18
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I 03	ADDRESS 500	(DIRECTION, STREET, SUFFIX, QUALIFIER) W. BIG BEAVER	CITY TROY	STATE MI	ZIP 48084
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G 04	HOME PHONE	BUSINESS PHONE 524.3477	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. STUDENT ENFORCEMENT AIDE
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T 05	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
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I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 07	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER			

V 08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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I 09	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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G 10	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
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T 11	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
------	---	---	---	--	--	--	--	--	----------------------------------

I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 13	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER			

14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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A 15	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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R 16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
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R 17	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
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E 18	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S 19	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
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T 20	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
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21	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE ARREST <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> CLEAR INDICATOR <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
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22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
----	------	-------	------------------------------------	-----	-----	-----	-----

A 23	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
------	---------	--	------	-------	-----

R 24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
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R 25	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
------	-------	--------------------	-------------	-------	-------

E 26	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S 27	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
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T 28	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
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29	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE ARREST <input type="checkbox"/> COUNT 1 INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> CLEAR INDICATOR <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
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30	INVESTIGATING OFFICER(S)	REVIEWED BY:	ATTENTION TO:
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NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE PAGE 1 OF 1

01	DATE 9/27/01	DAY THU	SHIFT 09	PLAT 89	BADGE 1 605	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS 111	YEAR 01	INCIDENT # 34716
----	-----------------	------------	-------------	------------	----------------	---------	---	-------------------	------------	---------------------

02 Statement of: Pamela Leane McDonald Home Phone:
(PLEASE PRINT)

03 Address: Business Phone:

04 City: State: MI Zip:

05

06 my Partner and I entered Corradis

07 around 8:30pm on September 27th

08 2001. We Sat at a table by the

09 bar. A blonde waitress approached

10 us and asked if we wanted anything.

11 I Pamela McDonald asked for a

12 labatts in a bottle and Anthony

13 Lamerato got a water. The waitress

14 did not ask for any food. She

15 then served us and walked away.

16 Officer Wolf then approached us

17 and we left.

18

19

20

21

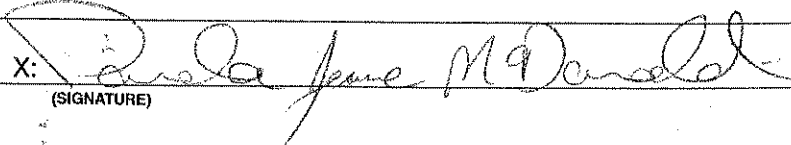
22

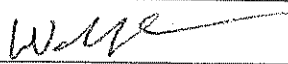
23

24


25

26

27 X: 
(SIGNATURE)

28 Taken By: 
(SIGNATURE)

29 Place: STATION Date: 9-27-01 Time: 1030

INVESTIGATING OFFICER(S) 	REVIEWED BY	ASSIGNED TO / BADGE	ATTENTION TO
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TROY POLICE DEPT.

500 W. Big Beaver, Troy, MI 48064

ORI #MI6378400

NARRATIVE REPORT

___ SUPP

___ CORR

___ DELETE

PAGE 3 OF 2

01	DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
	9/27/01	Thu	09	99	105		<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT		01	**34716

Directed Patrol Unit working Liquor Compliance Checks with Student Enforcement Aides Pamela McDonald (19) and Anthony Lamerato (18).

Aides McDonald and Lamerato entered Corradi's and sat at a table. Waitress Cheryl Winiarski-Belbot approached and asked them for their drink order. Aide McDonald ordered a Labatt's Blue beer and Aide Lamerato ordered water. Waitress Winiarski-Belbot failed to ask for identification and served Aide McDonald the Labatt's Blue beer.

In speaking with Waitress Winiarski-Belbot, she could not explain why she did not ask for identification and claimed it to be "irresponsible" of her. She was issued a citation for Furnishing Alcohol to Minor. LCC form completed. Photograph of the Labatt's Blue beer was taken, tagged and placed into property.

INVESTIGATING OFFICER(S)

WOLFE #105

REVIEWED BY

ASSIGNED TO/BADGE

ATTENTION TO

State of Michigan
Uniform Law Citation

Ticket No.

No 632129

☐ Victim
Involved

US DOT #

Incident No.

01-34716

Dept. No.

789

The People of: ☐ the State of Michigan

☐ Township ☒ City ☐ Village ☐ County

Local Use/Arrest No.

Detection Device

OF: TROY

THE UNDERSIGNED

SAYS THAT ON:

State Driver's License Number

MI WS62 115 067597

Social Security No.

Race Sex Height Weight Hair Eyes Occupation/Employer

W F

Name (First, Middle, Last)

CERYL ANN WIMARSKI-BELBOT

Street

923 WHITCOMB AVE

City

ROYAL OAK

State

MI 48073

Vehicle Plate No.

Year

State

Vehicle Description (Year, Make, Color)

Type

THE PERSON NAMED ABOVE, in violation of ☒ Local Ordinance ☐ State Law ☐ Administrative Rule

UPON

AT OR NEAR 1090 ROCHESTER RD. - "CORRADI'S"

WITHIN ☒ CITY ☐ VILLAGE ☐ TOWNSHIP OF

TROY

COUNTY OF OAKLAND

DID THE FOLLOWING:

Type	MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.	9.77.3	FURNISH Alcohol TO MINOR	1
<input checked="" type="checkbox"/> Misd <input type="checkbox"/> Fug			
<input type="checkbox"/> Fel <input type="checkbox"/> Waiv			
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.			2
<input type="checkbox"/> Misd <input type="checkbox"/> Fug			
<input type="checkbox"/> Fel <input type="checkbox"/> Waiv			
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.			3
<input type="checkbox"/> Misd <input type="checkbox"/> Fug			
<input type="checkbox"/> Fel <input type="checkbox"/> Waiv			

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s)

9.77.3 2

3

Key for Type C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive
Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending

Remarks

248-588-4009

CHECK IF APPROPRIATE ☐ Damage to Property ☐ Local Court Bond \$

☐ Vehicle Impounded ☐ Injury

☐ Traffic Crash ☐ Death

Person in Active Military Service ☐ Yes ☐ No

SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS

☒ Appearance Date on or before 10-10-01

☐ Hearing Date (if applicable) on

☐ Juvenile Traffic Misd. (Court will Notify)

☐ Contact Court

☐ Formal Hearing Required (Court will Notify)

In the 52-4 DISTRICT

Court of

OAKLAND COUNTY

Court Address & Phone Number

520 W. BIG BEAVER RD., TROY, MICHIGAN 48084

PHONE: (248) 528-0400

☐ I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).
I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's signature and receipt if applicable

WOLFE/BRABO

Month Day Year

9 27 01

Officer's Name (printed)

WOLFE/BRABO

Officer's ID No.

105106

Agency ORI

MI- 6378400

Agency Name

TROY POLICE DEPARTMENT

UC-01a
(rev. 11/95)

Court Copy 1

PRESS - YOU ARE MAKING FIVE COPIES
ORDER BY FORM NO. M76 (Revised 11/95)
FIDLAR DOUBLEDAY KALAMAZOO, MI



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

*** Officers Please Obtain This Information From The License ***

License No. 4387-2001 SS Business ID 2861 File # _____

(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee MKC, Inc. 2. Doing Business As Corradi's Athletic Club

3. Mailing Address (street, city, zip code) 1090 Rochester Rd., Troy, MI, 48084

4. Township _____ 5. County Oakland

6. Type of License(s) & Permit(s) SDM Sunday Sales Dance

7. Date of Violation: Thursday 09/27/01 8:30 AM or PM
(DAY) (DATE) (HOUR)

8. Violation Type: X Minor
____ Intoxicated Person ____ After hours sales/consumption ____ Gambling
____ Fighting (must be inside licensed premises) ____ Controlled Substances
____ Failure to Cooperate ____ Prohibited Conduct OTHER: _____

if MINOR: Birth date 03/02/82 Was this a DECOY Yes No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 01-34716

Officer Signature Russell Bragg #6 Name and Title (print) Officer Russell Bragg, #6

Officer Signature Robert Wolfe Name and Title (print) Officer Robert Wolfe, #105

Department Name Troy Police Dept. Phone # (248) 524-3477

WITNESSES

1. Name Cheryl Ann Winiarski-Belbot Address 923 Whitcomb Ave., Royal Oak, MI, 48073

Will testify to: waitress - served decoy.

2. Name Chrystal Barndollar Address 8714 Hupp, Warren, MI, 48089

Will testify to: bar manager.

3. Name Pamela McDonald Address c/o 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: decoy - Student Enforcement Aide.

4. Name Anthony Lamerato Address c/o 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: Student Enforcement Aide.

5. Name Officers Bragg & Wolfe Address 500 W. Big Beaver Rd., Troy, MI, 48084

Will testify to: were present during violation.

EVIDENCE

Location Held: Troy Police Department Property Room, tag #114823

1 - Polaroid photo of Labatt Blue Beer bottle



State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Liquor Control Commission
7150 Harris Drive
P.O. Box 30005
Lansing, Michigan 48909-7505
(517) 322-1345

February 4, 2002

MKC Inc.
d/b/a Corradi's Athletic Club
1090 Rochester
Troy, MI 48084



RE: Complaint No. 1-65406

Dear Licensee:

Enclosed is a copy of the Commissioner's Order issued as the result of the above Complaint.

If you elect to pay the fine, a bank or postal money order, certified check, or authorized credit card payable to the STATE OF MICHIGAN must be received in this office no later than March 11, 2002 as indicated on your Invoice No. 78309. Failure to submit the fine will result in confiscation of your license for the alternative penalty.

Should you wish to appeal the decision, a request for an appeal, accompanied by a fee of \$25, must be received in this office within 20 days from the mailing date of this Order. **IN FILING FOR AN APPEAL, YOU MUST STATE YOUR REASONS FOR REQUESTING THE APPEAL OR YOUR REQUEST WILL NOT BE HONORED.**

If there are any questions regarding this Order, please contact Hearings and Appeals at (517) 322-1390. Our office hours are from 8:00 a.m. to 5:00 p.m.

Sincerely,

MICHIGAN LIQUOR CONTROL COMMISSION

Susan K. Conklin, Supervisor
Hearings and Appeals

SKC:tt

Enclosures

c: Troy PD

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
LIQUOR CONTROL COMMISSION

IN RE: MKC, INC.
D/B/A CORRADI'S ATHLETIC CLUB
1090 ROCHESTER
TROY, MI 48084

HEARING: JANUARY 8, 2002
PLACE: FARMINGTON
COMPLAINT NO: 1-65406
BUSINESS ID NO. 2861
CLASS C SDM SS DP

CHARGES - SEPTEMBER 27, 2001

- (1) Sold or furnished alcoholic liquor to Pamela McDonald, date of birth March 2, 1982, who was less than twenty-one (21) years old, contrary to Const 1963, art 4, § 40 and contrary to Section 801(2) and/or Section 701(1) of the Michigan Liquor Control Code, MCL 436.1801(2) and/or MCL 436.1701(1).

FINDINGS OF FACT

John Carradi, Vice-president of the above-named Licensed Corporation, appeared before this Commissioner and after being advised of his constitutional right to be represented by an attorney pursuant to Rule 436.1909(2), as promulgated in the Michigan Administrative Code, waived right to legal counsel and entered a plea of acknowledgment to the one charge stated in Case No. 1-65406 pursuant to Section 903 of the Michigan Liquor Control Code, MCL 436.1903 and Rule 436.1909(1) of the Michigan Liquor Control Commission (MLCC).

The Commissioner accepted said plea of acknowledgment after being assured it was entered voluntarily and with the full understanding of its meaning and implications.

On Motion of Charles Donahue, who represented all law enforcement in this matter, the Commissioner entered the Violation Report of this case and attachments thereto into the record as evidence without objection.

The Commissioner believes and finds as fact, on the basis of the Violation Report, that one Pamela McDonald, while under the direction of the Troy Police Department, entered the above-named licensed establishment on September 27, 2001, and purchased alcoholic liquor from an employee of the above named Corporation without showing proper proof of age.

The Commissioner further believes and finds as fact, on the basis of her statements at the hearing, that said Pamela McDonald was nineteen (19) years of age at the time of the incident. The Commissioner further concluded from her appearance at the hearing that said decoy looked her true age of 19; the Commissioner also concluded that a prudent person would not mistake Pamela McDonald of being of legal drinking age without making a further diligent inquiry.

The Commissioner further finds that the employee of the Corporation in this case neither demanded, nor was shown proper proof of age and did make a diligent inquiry to determine the proper true age of the purchaser.

John Carradi offered as mitigation that the employee had successfully passed TIPS training and the establishment passed several decoy operations.

CONCLUSIONS OF LAW

Based upon the aforementioned Plea and Findings of Fact, the Commissioner concluded that the Licensed Corporation in Case No. 1-65406 did violate MCL 436.1801(2), as cited in the one charge of the Complaint in this matter.

ORDER

In determining penalty for the charge for which a violation was found, the Commissioner considered the Licensed Corporation's total record, which shows four (4) previous violations

since being licensed on December 20, 1988 at the above location under the current ownership.

The Commissioner, therefore, Orders a fine of \$500 as penalty in this matter. The Commissioner further Orders that a suspension of twenty-five (25) continuous days be imposed if the fine is not paid with this suspension, if served, to run consecutively and not concurrently with any other suspension Ordered by the Michigan Liquor Control Commission for this Corporation.

MICHIGAN LIQUOR CONTROL COMMISSION



Ena Weathers, Commissioner

Dated: January 24, 2002

Charles Donahue
Assistant Attorney General
24155 Drake Road
Farmington, MI 48335

EW: 1-65406

Wagon Wheel Saloon
Sign of the Beefcarver, Inc.
2950 Rochester Road
Troy MI 48084
Class C 4999-2000
SDM 15467-2000
Sale to Minor (Compliance Test)

LCC

Liquor Licensee History

Business name: **Wagon Wheel Saloon**

Address: 2950 Rochester (248) 689-8194

Licensee: Sign of the Beefcarver, Inc.

License type: **Class C (4999-2000) SDM (15467-2000)**

Permits: Sunday Sales, Outdoor Service

Comments:

Date	Troy Incident #	Type	Disposition	Date
1967		Mr. Hagelstein licensed		
9/8/72	72-12043	Sale to minor	Fined \$50	
11/8/73	73-17477	After hours occupancy, sale, consumption	Dismissed	
6/16/75	75-11326	Allow patron to molest employee	Dismissed	
1/15/76	76-902	After hours occupancy	Fined \$150	7/1/76
1/15/76	76-902	Consumption and refusal to cooperate with officers	Dismissed	7/1/76
6/7/82	82-13324	After hours occupancy	Fined \$100	3/1/84
6/8/90	90-17068	Sale to minor (compliance test)	Fined \$200	1/8/91
6/17/92	92-17106	Sale to minor (compliance test)	Fined \$400	5/10/93

05/17/93		Council approved transfer of license to Sign of the Beefcarver, Inc.		
06/19/96	96-21658	Sale to minor (compliance test)	Fined \$500.	10-21-96
01/18/99	99-02724	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/02/99	99-08234	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/23/99	99-23850	Compliance Test	PASSED	

11/16/99	none	Compliance Test	PASSED
06/23/00	00-22378	Liquor Inspection (Road Patrol)	NO VIOLATIONS
07/26/00	none	Compliance Test	PASSED
08/17/00	00-30418	Liquor Inspection (Road Patrol)	NO VIOLATIONS
10/13/00	00-38075	Liquor Inspection (Road Patrol)	NO VIOLATIONS
10/25/00	00-39559	Compliance Test	PASSED
11/14/00	00-42173	Compliance Test	PASSED
01/27/01	01-03253	Liquor Inspection (Road Patrol)	NO VIOLATIONS
04/23/01	01-13976	Liquor Inspection (Road Patrol)	NO VIOLATIONS
06/26/01	01-22634	Liquor Inspection (Road Patrol)	NO VIOLATIONS
08/15/01	01-29312	Compliance Test	PASSED
10/02/01	01-35395	Sale to Minor (Compliance Test)	pending
10/08/01	01-36225	Liquor Inspection (Road Patrol)	NO VIOLATIONS
11/30/01	01-43015	Liquor Inspection (Road Patrol)	NO VIOLATIONS

TROY POLICE DEPARTMENT

300 W. Big Beaver - Troy, MI 48064-5285
DRI # M1631400

INCIDENT REPORT

SUPP ☐

PAGE 1 OF 3

01	DATE 10.02.01	DAY TUE	SHIFT 02	PLATOON 99	BADGE 1 042	BADGE 2 070	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRACTION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 01	INCIDENT NUMBER 35395		
02	RECEIVED 1940	DISPATCHED —	ARRIVED —	COMPLETED 1940	DATE(S) OCCURRED 10.02.01	TIMES(S) OCCURRED 1940	ASSIGNED HOUR / DAY 19TUE					
03	LOCATION / ADDRESS 2950 ROCHESTER				LOCATION 2 (INTERSECTING STREET) BIG BEAVER							
04	CITY TROY	STATE MI	ZIP 48084	CODE L	BUSINESS NAME WAGON WHEEL			BUSINESS PHONE				
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION				ESTAB CODE	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input checked="" type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	HOW ACTIVATED <input checked="" type="checkbox"/> FOR <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL 04	GEOGRAPHIC			
06	NATURE OF OFFENSE #1 FURNISH ALCOHOL TO MINOR				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
07	NATURE OF OFFENSE #2				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	
08	NATURE OF OFFENSE #3				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	
09	NATURE OF OFFENSE #4				ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	OFFENSE COMMENTS

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE		
11	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY		STATE	ZIP		
12	HOME PHONE		BUSINESS PHONE		STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.					
13	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04	VICTIM TYPE I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL			
14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY 01 SPOUSE 05 CHILD 09 STEPPARENT 02 C-L SPOUSE 06 GRANDPARENT 10 STEPCHILD 03 PARENT 07 GRANDCHILD 11 STEPSIBLING 04 SIBLING 08 IN-LAW 12 OTHER FAMILY				OUTSIDE FAMILY, BUT KNOWN 20 ACQUAINTANCE 24 BOY / GIRL FRIEND 28 EMPLOYEE 21 FRIEND 25 CHILD OF "BG" ABOVE 29 EMPLOYER 22 NEIGHBOR 26 HOMOSEXUAL REL. 30 OTHERWISE KNOWN 23 BABYSITTEE (baby) 27 EX-SPOUSE 31 VICTIM WAS OFFENDER				NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF # / /	FELONIOUS ASSAULT CIRCUMSTANCES	
15	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE		
16	ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)				CITY		STATE	ZIP		
17	HOME PHONE		BUSINESS PHONE		HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE		
18	STATE		DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #						
19	PERSON COMMENTS / CLOTHING				SUMMONS / CITATION NUMBER(S) 632143							
20	ARREST / SUMMONS DESCRIPTION				ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
21	FURN-ALCO. TO MINOR					10.02.01	99	042	070	m		
22	ARREST / SUMMONS DESCRIPTION				ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
23	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> TEL	DISP <input type="checkbox"/> PER			

DES (H) HOLD (S) STOLEN (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (I) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED (Y) FORGED / COUNTERFEITED

24	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL				
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.				
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #					
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED			
28	COMMENTS — INSURANCE COMPANY / LIEN HOLDER / BANK							SEIZED DRUGS	TYPE	AMOUNT	MEAS
29	INVESTIGATING OFFICER(S): DPU BARTON / CASCIO							REVIEWED BY:	ATTENTION TO:		

TROY POLICE DEPARTMENT

500 W. Big Beaver - Troy, MI 48064-5285

ORI # M18378400

PERSON REPORT

SUPP ☐

PAGE 2 OF 3

01	DATE 1.00.201	DAY TUE	SHIFT 02	PLATOON 99	BADGE 1 042	BADGE 2 070	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 011	INCIDENT NUMBER 35395
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CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE

V 02	CODE 4	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) MILLER CHRIS	RAC WM	SEX	DOB	AGE
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I 03	ADDRESS 2930	(DIRECTION, STREET, SUFFIX, QUALIFIER) ROCHESTER	CITY TROY	STATE MI	ZIP 48064
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G 04	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. MGR. WAGON WHEEL
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T 05	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
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I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 07	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER			

V 08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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I 09	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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G 10	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
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T 11	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL
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I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M 13	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL. 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER			

14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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A 15	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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R 16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
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R 17	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
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E 18	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S 19	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
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T 20	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
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21	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST <input type="checkbox"/> COUNT 1 <input type="checkbox"/> INDICATOR	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
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22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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A 23	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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R 24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
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R 25	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
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E 26	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S 27	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
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T 28	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
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29	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST <input type="checkbox"/> COUNT 1 <input type="checkbox"/> INDICATOR	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
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INVESTIGATING OFFICER(S):	REVIEWED BY:	ATTENTION TO:
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TROY POLICE DEPT.500 W. Big Beaver, Troy, MI 48064
ORI #MI6378400**NARRATIVE REPORT**☒ SUPP ☐ CORR ☐ DELETEPAGE **3** OF **3**

DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	INCIDENT #
10/2/01	Tue	09	99	070	042	<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT		01	35395

Members of the Directed Patrol Unit conducted a liquor control compliance test at the above location using the listed student enforcement aides. Both of the enforcement aides were 19 years old at the time of the test.

The student enforcement aides entered the establishment and were seated at the bar. The server, Teresa Schwartz, approached and asked if they wanted anything to drink. The female student enforcement aide asked for a fuzzy navel. The male student enforcement aide asked for water.

A short time later Schwartz, returned with the fuzzy navel. Officers secured the scene and the student enforcement aides left the establishment. The managers were contacted as well as Schwartz.

Officers spoke with Schwartz who stated that she thought the female looked to be over 21. She stated that he usually asks for identification before serving alcohol. Schwartz has been trained in the past about serving minors.

Schwartz was issued a citation for serving alcohol to a minor without making diligent inquiry. A LCC violation report was filled out and filed with the commission.

Both the managers and Schwartz were cooperative with officers during the investigation.

INVESTIGATING OFFICER(S)	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
Barton/Cascioli			

NARRATIVE REPORT
WITNESS STATEMENT

☐ SUPP ☐ CORR ☐ DELETE PAGE 1 OF 1

01	DATE 10/02/01	DAY TUE	SHIFT 09	PLAT 99	BADGE 1 224	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS 	YEAR 01	INCIDENT # 35395
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02 Statement of: PAMELA McDONALD Home Phone:

03 Address: (PLEASE PRINT) 500 West Big Beaver Business Phone: 524-3431

04 City: Troy State: MI Zip:

05
06 my partner and I entered Wagon
07 wheel around 7:30pm on Tuesday
08 October 2nd 2001. We then sat in
09 the bar area. I ordered a Fuzzy Navel
10 and the bar tender did not
11 ask for my I.d. She then served
12 me. Then officer Cascioli approached
13 us and we left.
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23
24
25
26

27
28 Taken By: W. Avery #224
29 Place: 500 W. BIG BEAVER Date: 10/02/01 Time: 2200

INVESTIGATING OFFICER(S) Barnes / Cascioli	REVIEWED BY	ASSIGNED TO / BADGE	ATTENTION TO
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Uniform Law Citation

NU 632143

Victim Involved

US DOT # _____ Incident No. 01-35395 Dept. No. 784

The People of: ☐ the State of Michigan ☒ Township ☒ City ☐ Village ☐ County

OF: TROY TUE 1 of 1

THE UNDERSIGNED SAYS THAT ON: Month 10 Day 2 Year 01 At approximately 7:40 A.M. ☐ P.M. Date of Birth 8/23/66

State MI Driver's License Number 5632789 Social Security No. 585658

Race W Sex F Height 5 Weight 120 Hair B Eyes B Occupation/Employer BARTENDER/WAGON WHEEL

Name (First, Middle, Last) SCHWARTZ, TERESA, MARIE

Street 30539 DOVER

City WARREN State MI Zip Code 48093

Vehicle Plate No. _____ Year _____ State _____ Vehicle Description (Year, Make, Color) _____ Type _____

THE PERSON NAMED ABOVE, in violation of ☒ Local Ordinance ☐ State Law ☐ Administrative Rule

UPON 2950 ROCHESTER

AT OR NEAR BIG BEAVER

WITHIN ☒ CITY ☐ VILLAGE ☐ TOWNSHIP OF TROY

COUNTY OF OAKLAND DID THE FOLLOWING:

Type	MCL Cite/PACC Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input checked="" type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.		<u>FURNISH ALCOHOL TO MINOR w/o DL-IMP</u>	<u>1</u>
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			<u>2</u>
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.			<u>3</u>
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.			
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s) _____

1 _____ 2 _____ 3 _____

Key for Type C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive

Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending

Remarks _____

CHECK IF APPROPRIATE ☐ Damage to Property ☐ Local Court Bond \$ _____

☐ Vehicle Impounded ☐ Injury ☐ License Posted In Lieu of Bond

☐ Traffic Crash ☐ Death ☐ Appearance Certificate

Person in Active Military Service ☐ Yes ☒ No ☐ None

SEE DATE BELOW: SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS

☒ Appearance Date on or before OCT. 17, 2001

☐ Hearing Date (if applicable) on 0830 AM ☒ Contact Court

☐ Juvenile Traffic Misd. (Court will Notify) ☐ Formal Hearing Required (Court will Notify)

In the 52-4 DISTRICT Court of OAKLAND COUNTY

Court Address & Phone Number

520 W. BIG BEAVER RD., TROY, MICHIGAN 48084

PHONE: (248) 528-0400

☐ I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable). I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt if applicable _____

Month 10 Day 2 Year 01

Officer's Name (printed) CASCIOLI / BARTON Officer's ID No. 42 / 70

Agency ORI MI-6378400 Agency Name TROY POLICE DEPARTMENT

UC-01a (rev. 11/95) Court Copy 1

PRESS - YOU ARE MAKING FIVE COPIES
ORDER BY FORM NO. M76 (Revised 11/95)
FIDLAR DOUBLEDAY KALAMAZOO, MI



Michigan Department of Consumer & Industry Services

LIQUOR CONTROL COMMISSION (LCC)

7150 Harris Drive

P.O. Box 30005

Lansing, Michigan 48909-7505

Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT

(Authorized by P.A.58 of 1998)

*** Officers Please Obtain This Information From The License ***

License No. CLASC 4999-2001 Business ID 3259 File # _____
SDM 15467-2001
(THIS INFORMATION NOT AVAILABLE ON LICENSE UNTIL 5/1/99)

1. Name of Licensee SIGN of the BEET CARVER 2. Doing Business As WAGON wheel SALON
3. Mailing Address (street, city, zip code) 2950 Rochester
4. Township _____ 5. County AKLAND
6. Type of License(s) & Permit(s) SUNDAY SALES, OD-SERV
7. Date of Violation: TUE 10-02 1940 AM or PM
(DAY) (DATE) (HOUR)
8. Violation Type: ☒ Minor
☐ Intoxicated Person ☐ After hours sales/consumption ☐ Gambling
☐ Fighting (must be inside licensed premises) ☐ Controlled Substances
☐ Failure to Cooperate ☐ Prohibited Conduct OTHER: _____

if MINOR: Birth date 3-2-82 Was this a DECOY? ☒ Yes / No If no, you MUST answer below:

IF above minor violation was not a decoy describe Enforcement Action Taken: _____

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 01-35395

Officer Signature [Signature] Name and Title (print) ANTONIO CASCIOLI (POLICE OFFICER)

Officer Signature _____ Name and Title (print) CARL BARTON (POLICE OFFICER)

Department Name TROY P.D. Phone # 248-524-3477
LC-600 Rev. 4/99 4880-2362

WITNESSES

1. Name TERESA SCHWARTZ Address 30539 DOVER WARREN 48093

Will testify to: SERVING THE MINOR W/O ASKING FOR I.D.

2. Name Chris Miller Address 2950 ROCHESTER DR.

Will testify to: BEING ADVISED BY P/G

3. Name _____ Address _____

Will testify to: _____

4. Name _____ Address _____

Will testify to: _____

5. Name _____ Address _____

Will testify to: _____

EVIDENCE

Location Held: Photo - Fuzzy Navel TROY EVIDENCE ROOM.